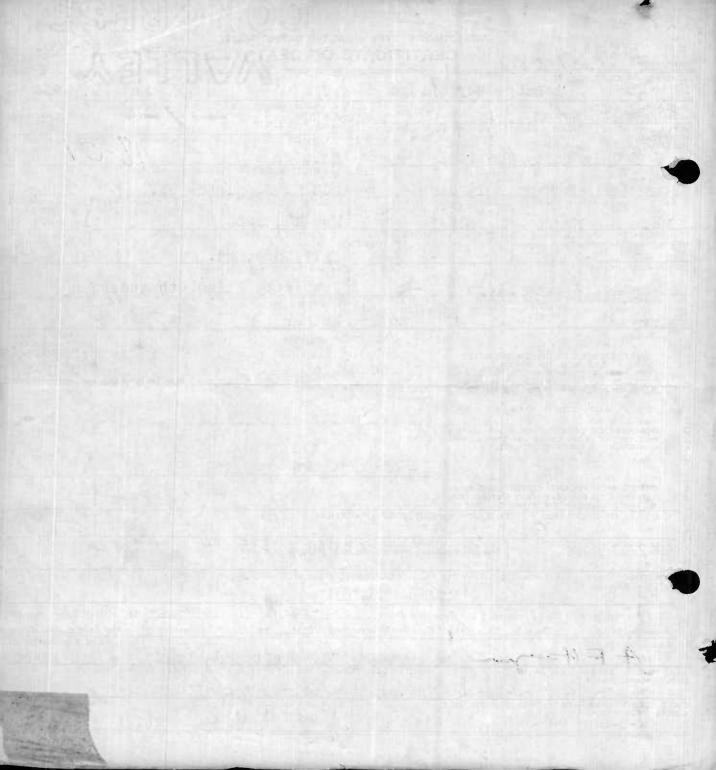
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BALTIMORE CITY HEALTH DEPARTMENT

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(If in Baltimore City, give exact location)

2 D. TIME (Month) (Day) (Year) (Hour)

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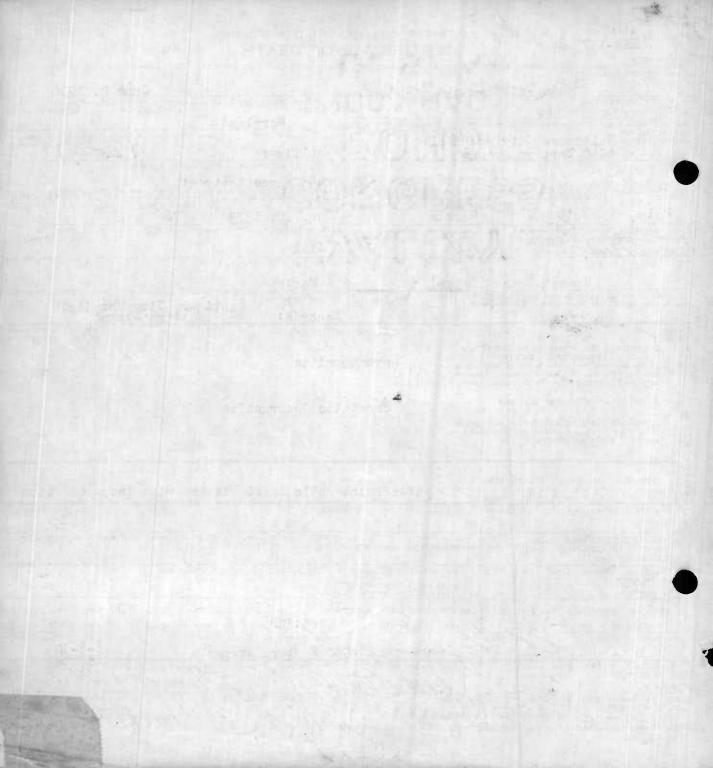
4-14 19 50 to 6-2 22. I hereby certify that I attended the deceased from_ . 1950, that I last saw the 1950 and that death occurred at 5:10P m., from the causes and on the date stated above. deceased alive on 6-2

23A. SIGNATURE 23c. DATE SIGNED 6-3-50 M. D. 4940 Eastern Avenue 240. NAME OF CEMETERY OR CREMATORY | 240. LDCATION (City, town, or county) 110N, REMOVAL (Specify) 24B DATE (State)

mak REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR JUN 5 - 1950 VS 150

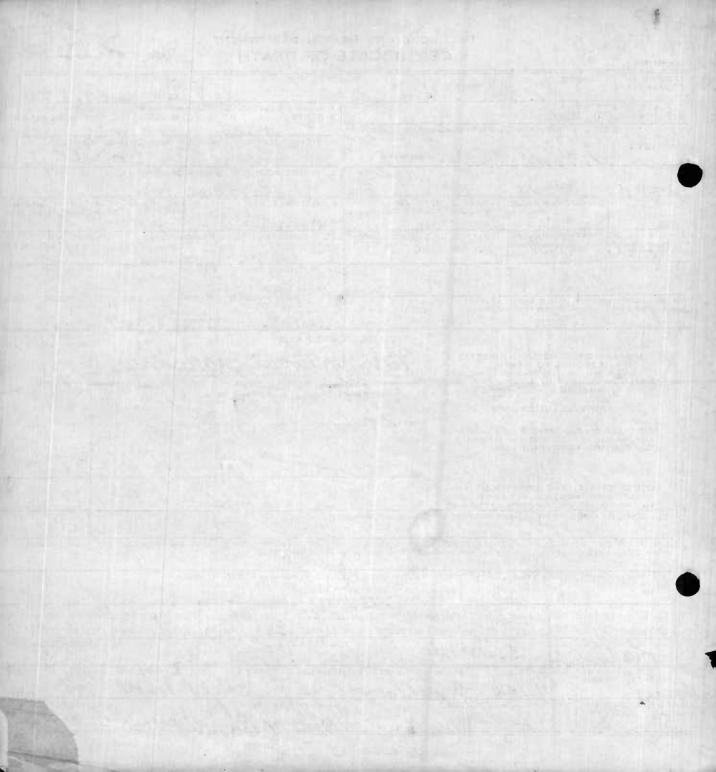
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W. Harris G. Krandsky The state of the s THE RESERVE AND THE PERSON NAMED IN STATE OF THE PARTY A CONTRACTOR OF THE PARTY OF TH

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

24A. BULIAL, CREMA-

DATE RECEIVED BY

5-VS 150

LOCAL REGISTRAR

24B, DATE

REGISTRAR'S SIGNATURE

Thurting for 1844

_township)

town, or county)

ADDRESS

A SALAS CONTRACTOR

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

EN ENGO

	JU	3000
Register	ed No	

В	IRTH NO.				- 0. 22			
1.	NAME OF D Type or Print)		herine	Josephine Leo	nard	OF DEATH	- 1950	
A.		EATH: City, Maryland		cion, give street address or	4. USUAL RESIDENCE (W		f institution : residence before admissi	on
H		Baltimore Ci 4940 Eastern	ty Host	oitale location)	c. CITY OR TOWN (If Baltimore	outside corporate limi	its, write RURAL and g	iv
		tay in Baltimore	Life	Days	0. STREET ADDRESS (If 4700 Hartford R			
	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify) LOOWEG		last birthday) M	If Under 1 Year If Under 24 He onths Days Hours M	in.
WOF	t done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTE	?Y
	FATHER'S	John B.	•		14. MOTHER'S MAIDEN N. Mary Ellen St	nannon		
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEE (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Baltin Records: 4940	more City Ho Eastern Ave	spreas.	
RTIFICATION	(This does heart failu injury or DISEASES	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA	TH f dying, e. 1 ns the diseas aused death ES FANY, GIVIN STATING TH	c., (A) Car	of DEATH diac Failure exclustic ga	ngrenes of	INTERVAL BETWE	
CERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				-
				FINDINGS OF OPER			20. AUTOPSY	,
MEDICA		ENT WAS UNDER-	218. PL/	On, left suprace of the suprace of injury (e.g., larm, factory, street, office bldg.,	n or 21c. WHERE DID (I	f in Baltimore City,	YES NO	X
	F INJURY	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		OCCUR?		
	deceased al	ive on	ended the	deceased from 3-2 and that death occur	rred at 12.30 ft. from ti	he causes and on t	50 that I last saw the date stated abo	the
	23A. SIGNAT	(10.	16		238. ADDRESS 1940 Eastern Avenu		6-4-1950	D
_/	BURIAL (S Surial	2 //:	50	St Muny	S- GOVERN	Balto.	(State	e)
L	ATE RECEIVED CAL REGIST	RAR REGISTRAR	- n///	IRE MAR	25. FUNERAL DIRECTOR	217 St. Pa	address	1
	VS 150	D	1 ***	5 (10 . g) , W	.,,	1	Die	

supracondigla: Actualed above a condyle or condyles. Condyle! (Krankle) at the article The sounded around Letter in document file 50-5006-6/28/50.

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Mos. Length of stay in Baltimore Days and 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years) ARRIED 10A, USUAL OCCUPATION (Give kind of OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 10B. KIND work done during most of working life, even if retired) INDUSTRY Housewell 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME arry -15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ImonARY Embolus LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 218. PLACE OF INJURY (e. g. in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

WHILE AT

The Marine State of

NOT WHILE

24c. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

25. FUNERAL DIRECTOR

as

II Under 1 Year last birthday) Months Days 12. CITIZEN OF WHAT COUNTR ADDRESS INTERVAL BETWEEN ONSET AND DEATH GAIL BLADDER VEC (If in Baltimore City, give exact location) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 195 Chat I last saw the 1950 to 19 50 and that death occurred at 628 m., from the causes and on the date stated above. 23c. DATE SIGNED n, or county)

VS 150

TION, REMOVAL (Specify)

OF INJURY

deceased alive on 23A, SIGNATURE

21D. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from

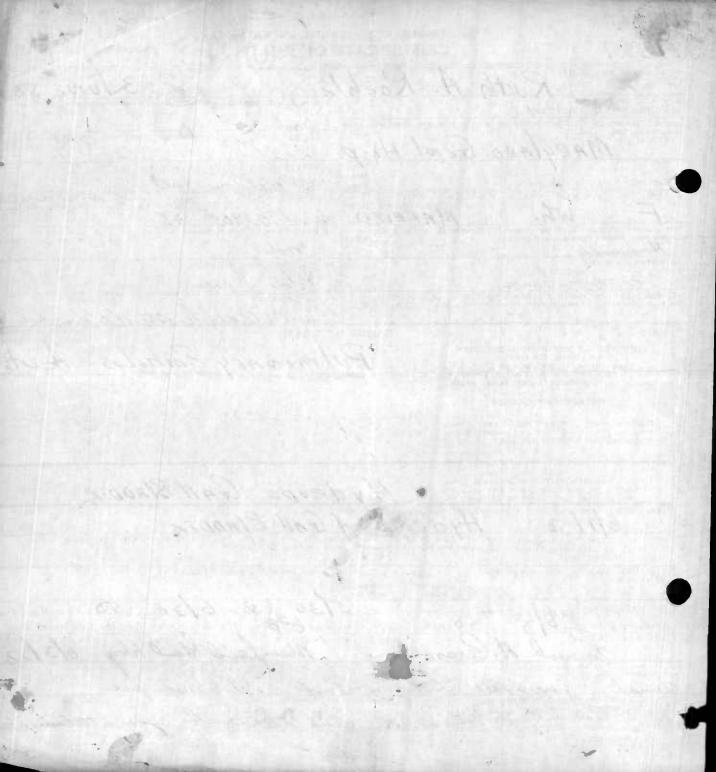
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DATE RECEIVED BY REGISTRAR'S SIGNATURE

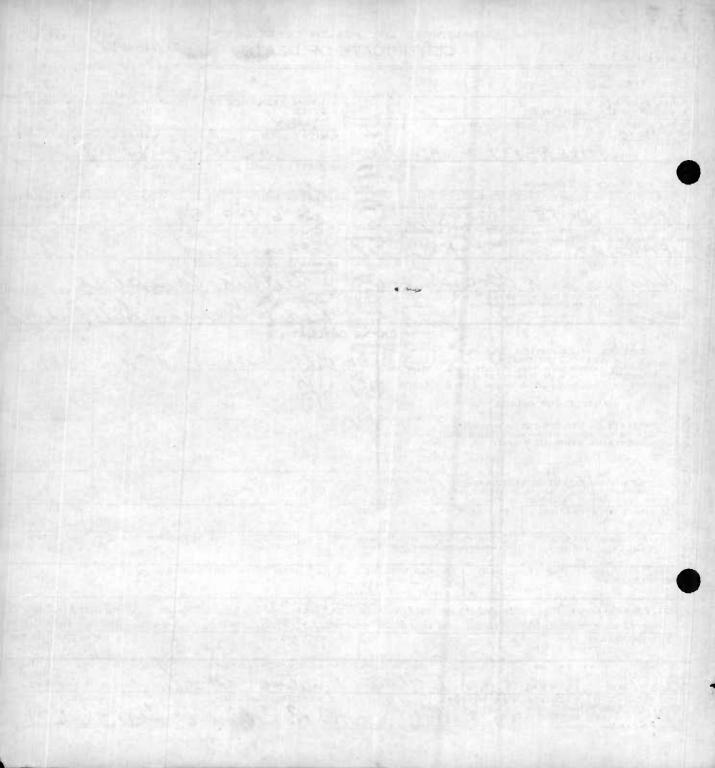
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before admission)



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JOSMAN. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) D. STREET ADDRESS Moor c. Length of stay in Baltimore Davs 6. COLOR OR RACE 9. AGE (In years) and 7. SINGLE, MARRIED, 8. DATE OF BIRTH It Under 1 Year It Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. clearly IOA. USUAL OCCUPATION (Givekindof) 12. CITIZEN OF 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY FARMER narn 13. FATHER'S NAME 15. WAS DECEMED EVER IN U. S. ARMED FORCES? (Yes, nn or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO Theknown CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY TLOMERULAR NEPHRITIS LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY Je. g., in or (If in Baltimore City, give exact location) (Specify) INJURY OCCUR? HOMICIDE about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from May 26 . 1950 to Rine 5 , 195 & that I last saw the deceased alive on June 4, 1950, and that death occurred at 4:00 Am., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME of CEMETERY OR CREMATORY (State) TION REMOVAL (Specify) Burra REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY VS 150

OOOVW



Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	5009
Registered No	

1.	NAME OF C					2. DATE OF Man 2	
_	PLACE OF E	Maria Jones			11 4 11 21 11 2 2 2 2 2 2 2 2 2 2 2 2 2	DEATH MAY	1, 1950
A.	Baltimore	City, Maryland			4. USUAL RESIDENCE (V	where deceased lived, If In B. COUNTY	stitution : residence before admission)
B.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address of			
11	STITUTION	Baltimore Ci 4940 Eastern	ty Hosp	pital	C. CITT OR TOWN (II	outside corporate limits,	write RURAL and give township)
-	3	4940 Pastern	Avenue		Baltimore	11-0	11
				Yrs. Mos.	D. STREET ADDRESS (If		
	Length of s	stay in Baltimore		Days			
	emale	Negro	WIDOW	E. MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (in years If Un last birthday) Mont	hs Days Hours Min.
		CUPATION (Give kind of		dowed	June ? 1860	89	9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
wor	door during most	of working life, even if retired)	10B. KINL	OF BUSINESS OR INDUSTRY			2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	-W 4-			Burkesville, V		TEN DIVIDING
13	. FATHER S				14. MOTHER'S MAIDEN NA	AME	
		Harry Lane			Polly Jetter		
(Ye	o. WAS DECEAS a, oo or unkonwn)	ED EVER IN U. S. ARMET	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: 4940 E	ore City Hosbi	REGS
	18.	0.0 . 19	74	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY		-47		ONSET AND DEATH
	(This does	LEADING TO DEAT	f dving a c	Chroni	c Pyelomephritis		
71	heart failt injury or	re, asthenia, etc. It mea complication which c	ns the diseas aused death	e,		***************************************	
		ANTECEDENT CAUS					
z				(B)			
0	DISEASE	S OR CONDITIONS, IN	ANY, GIVIN	IG IE DUE TO	***************************************	***************************************	***************************************
AT	UNDERL	YING CONDITION LA	ST.				1 2 2 2 2
10				(C)		***************************************	
CERTIFICATION	OTHER	SIGNIFICANT CONDI	TIONS				
H	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
O		OF OPERATION 1			RATION CLARACT		1.00
AL	91.	21/10	Name of the last	11.	- changes in	varicose ulcer	YES X NO
SIC	21A. ACCIE	ENT WAS UNDER-	218. PLA	CE OF INJURY (o. g.,	in mr RIC./WHERE DID (I	f in Baltimore City, giv	
MEDICAL	LYING OF	R CONTRIBUTING DEATH	about hnme, f	arm, factory, street, office bldg.,			
	2 1D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that I att	ended the	deceased from 9-	15 . 19 32 . to "	5-31 , 1950,	that I last saw the
	deceased a	live on 5-31	1950	and that death occur	rred at 7:35P m., from ti	he causes and on the	date stated above.
	23A. SIGNA	TURE /	1		23B. ADDRESS		23c. DATE SIGNED
		4. (109e	E. C.	4940 Eastern Avem	ie	6-2-50
2/	BURIAL,	CREMA. 24B. DATE	//	C. NAME OF CEMETE	ERY OR CREMATORY 240	OCATION (City, town, or	county) (State)
V	June	al JUNS	1950	114-16	chun De	Mumon	ma
	ATE RECEIVE	D BY REGISTRAR	SSIGNATU	RE	25. FUNERAL DIRECTOR	1	DDRESS
	JON 5 -	1950 turkingt	m //thi	author/ Mills)	1 Toto Canede a	Jemsli 78	W. Biddle St.
	VS 150	0	- comp	\$ 1. ×	(Mrs) Frances A.		J,

Letter in document file 20 - 5009 - 6/22/50. The state of the s 20056

BALTIMORE CITY HEALTH DEPARTMENT

50 5010 Registered No.

CERTIFICATE OF DEATH

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF May 22, 1950 GEORGE WILLIAMS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Mercy Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 808 E. Lexington Street Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years) 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED last birthday) Months: Days Hours! Min. WIDOWED, DIVORCED (Specify) male colored 67 10A. USUAL OCCUPATION (Give kind of 10 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN UNS. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. N INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH Acute Alpholin DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS 20. AUTOPSY? 19A. DATE OF OPERATION ND X (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in pr 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? PRIMARY OR CONTRIBUTING | about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident □, suicide □, homicide □, undetermined □. 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA TION, REMOVAL (Specify)

VS 151

DATE RECEIVED BY

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REGISTRAR'S SIGNATURE

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Physicians:

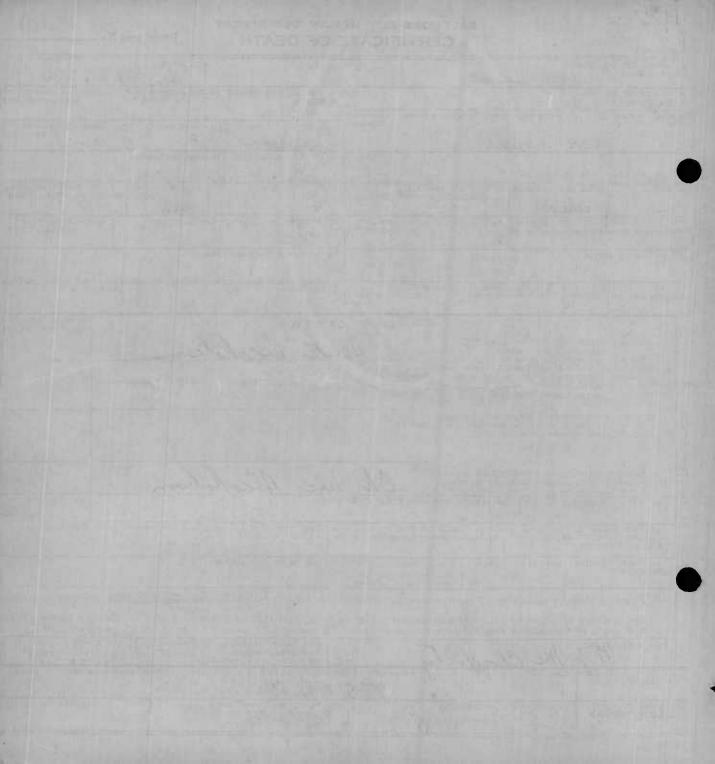
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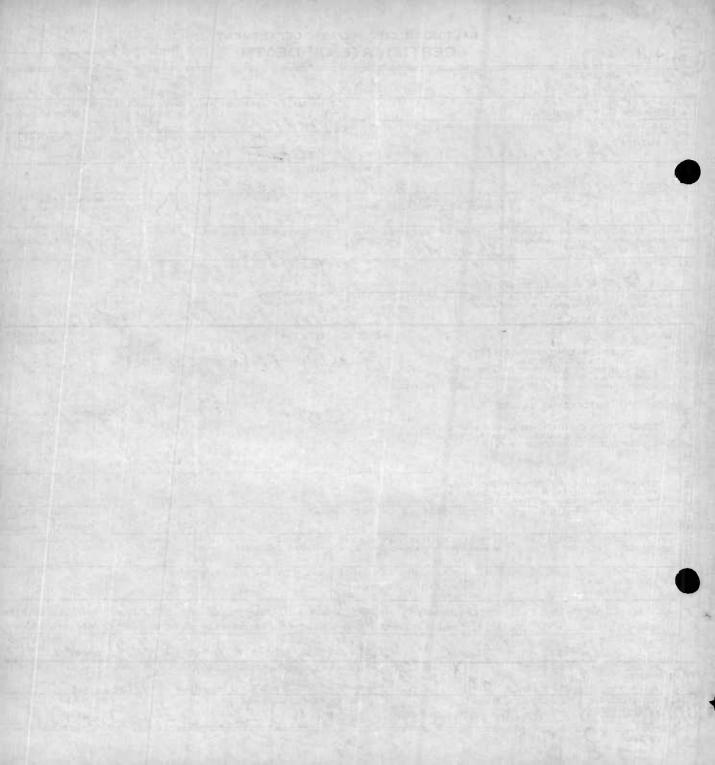
ADDRESS

25 FUNERAL DIRECTOR



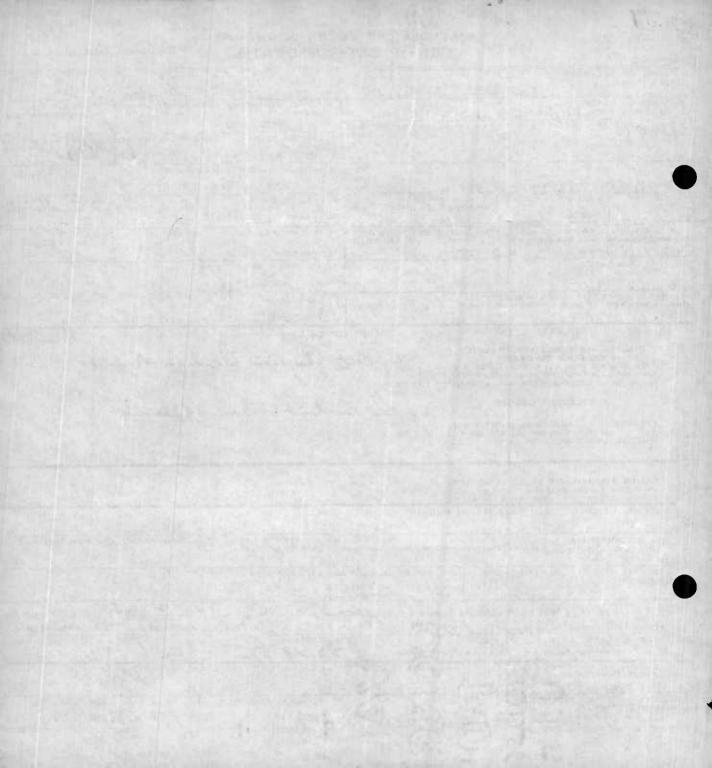
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION townshin) u Harbon D. STREET ADDRESS Yes (If rural, give location) c. Length of stay in Baltimore none Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH AGE (In years | ff Undor | Year | ff Under 24 Hours | last birthday) | Months | Days | Hours | Min. 9. AGE (In years) WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Unknown piral CAUSE OF DEATH INTERVAL BETWEEN 18. DISEASE OR CONDITION DIRECTLY Broncho-pneumonia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Carcinoma RY. Long Unknows ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? YES X 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from Juney , 1950, to June 4 , 1952, that I last saw the deceased alive on June 4. 1950, and that death occurred at 12:30p m., from the causes and on the date stated above, 23A. SIGNATURA 238. ADDRESS 23c. DATE SIGNED Syarine Tac Jone 4 24A. BURIAL, CREMA, TION REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) naine DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS Tunting for / / the VS 150

important.



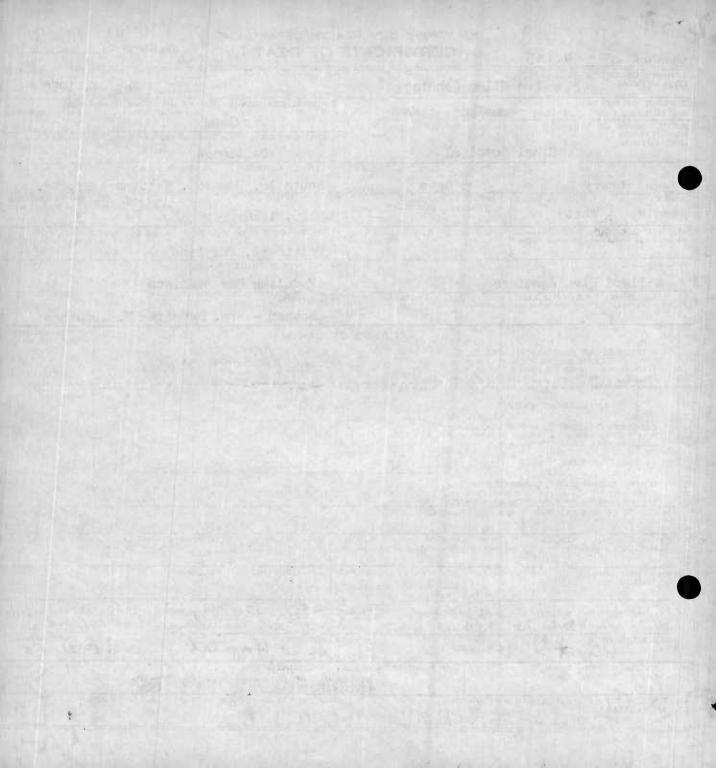
IU	5012	A.	BAI		EALTH DEPARTMENT	D 1 37	
В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered No	
1.	NAME OF D	DECEASED				2. DATE	
		JOHN	SEBAS!	TIAN BITTORF		DEATHJune 2.	1950
3 A	. PLACE OF D. Baltimore	City, Maryland 23	36 N. K	enwood Ave	4. USUAL RESIDENCE (WI	here deceased lived. If ins	stitution : residence before admission
8.	FULL NAME	OF (If not in hospit	tal or institut	ion, give street address or	Maryland	B. COOK11	before admission,
H	NSTITUTION			location)	C. CITY OR TOWN (If o	outside corporate limits,	write RURAL and give
0	10				Baltimore	6-	02 township
	909.91			Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	
		tay in Baltimore	63 year	rs Days	236 N. Kenw		
5	. SEX	6. COLOR OR RACE	7. SINGLI	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years It Unillast birthday) Mont	der I Year If Under 24 Hours as; Days Hours: Min.
	le	White	Widow	ved	Feb. 7, 1870	80	At III.
wor	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF
E	Baker ret	ired	Bakery		Germany		WHAT COUNTRY
13	3. FATHER'S	NAME		STEEL COLLEGE	14. MOTHER'S MAIDEN NA	ME	
J	John S. B	ittorf			Katherine Bitto	rf	
15 (Ye	5. WAS DECEASI	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		RESS
	No.	()	. or sor vice,	SECURITY NO.	John S. Bittorf 4		
	18.	10.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
C.	(This does	LEADING TO DEA	TH duing a	Cicu	to Consestor Cs.	dias Faclus	
	neart failu	ire, asthenia, etc. It mea	ins the diseas	e,		dias Faclus	
	injury or	complication which	aused death	.) DUE TO			
_		ANTECEDENT CAUS	SES	Ven	al testimin	mol :-	
O	DISEASES	S OR CONDITIONS. I	F ANY, GIVIN	(B)			***************************************
	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
RTIFICAT				(C)		***************************************	
분		- 11					
ER	OTHER S	IGNIFICANT CONDI	TIONS CON	1.			
Ü	TO THE D	ISEASE OR CONDITION	CAUSING I	Т.		•	
ال	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	MATION		20. AUTOPSY?
CA			L ora mi	55.05.111115(YES NO
MEDI	LYING OI CAUSE OF	ENT WAS UNDER. R CONTRIBUTING DEATH	about home, f	ACE OF INJURY (e. g., i	o or 21c, WHERE DID (If INJURY OCCUR?	in Baltimore City, give	e exact location)
2	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
Œ	OF HASORY		m	WHILE AT NOT WHILE			
	22. I hereh	y certify that I att	anded the		-3, 1950/to	ane 2 1950,	hat I last saw the
	deceased at			and that death becur	. //		
	23A. SIGNA				3B. ADDRESS	e causes and on the	23c. DATE SIGNED
	1	rundous	Them	consta M. D.	2579 Faite	an.	10/2/50
	4A. BURIAL, C			24c. NAME OF CEMETE	RY OR CREMATORY 240. LO	CATION (City, town, or	county) (State)
_	on.REMOVAL(S Jurial	June 5.	1950	Grannhimt Co.			
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATU	Greenmount Cer	25. FUNERAL DIRECTOR	timore, Md.	DDRESS
L	OGATIREGIST	RARS	to Wall		Ullrich Funeral Ho		
_		- Company	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /				20.9

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

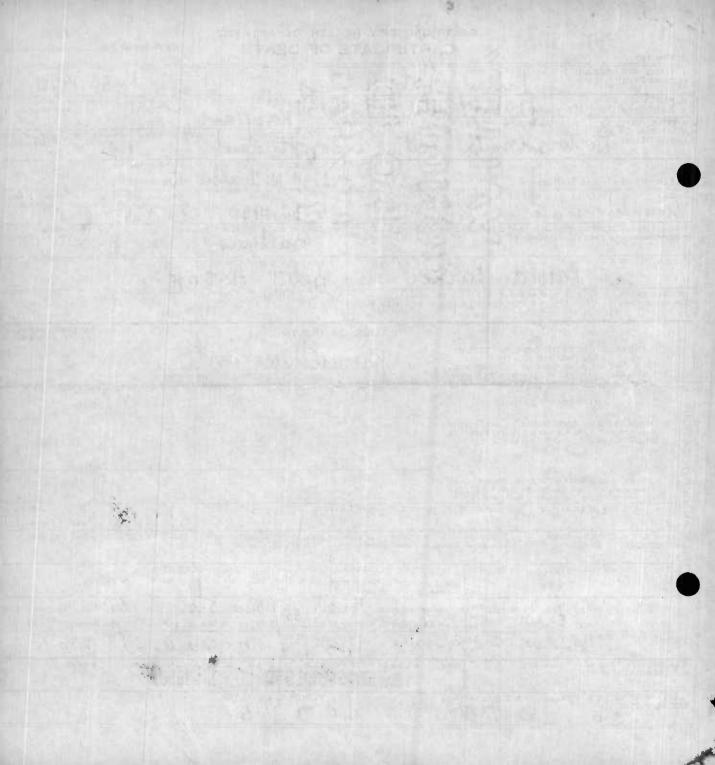


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50-10313 1. NAME OF DECEASED (Type or Print) Lee Ellen Jennings OF May 27. 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY * before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Sinai Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos 3 days Route 16. Box 260, Baltimore 21, Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years | | Under 1 Year | | Under 24 Nours | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) White Female May 25, 1950 clearly 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willard Elva Jennings Madeline Mae McAninch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Mother - Mrs. Madeline M. Jennings NTERVAL BETWEEN 18. CAUSE OF DEATH 60.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY deceased alive on may 26, 19 50, and that death occurred at 7 2, m. from the . 19 50 that I last saw the a.m., from the causes and on the date stated above. 23c. DATE SIGNED 5-31-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR Thurtre stor VS 150 The printed on the

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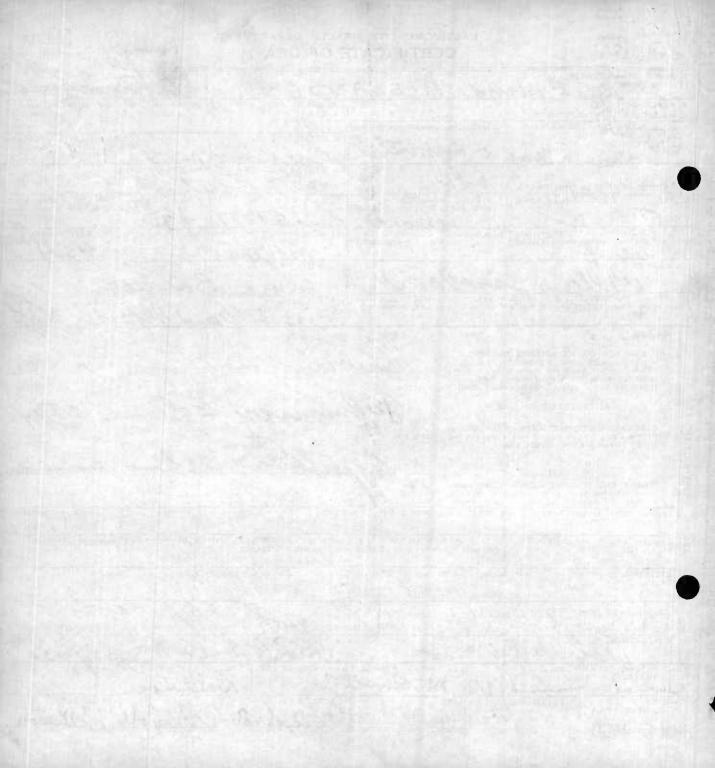


50 5014 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 10000 B. COUNTY before admission) Harry Land B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) salumore Yrs. D. STREET ADDRESS (If rural, give location) Mos. N. Charles Length of stay in Baltimore Williamer Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5 SEX 6. COLOR OR RACE 9. AGE (In years) If Under 1 Year last birthday), Months Days Hours Min. Melant ICA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? allimone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) ADDRESS SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH premature birth DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? important. 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) HOMICIDE (Specify) 2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially 155, 1950, to 5-30 5.30. , 1950, that I last saw the 22. I hereby certify that I attended the deceased from. , 1950, and that death occurred at 3 deceased alive on 3.30 a.m., from the causes and on the date stated above. 23A. SIGNATURE! 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR . REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR tuntualor VS 150



by Sir State Instrument of State of the State of State of

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF LEXANDER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased liver) institution : residence A. Baltimore City, Maryland A. STATE B. COUNTE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGUE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) ii Under 1 Year last birthday) Months: Days Hours: Min. W/ IDOWED 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. ATRTHPLACE (State or foreign 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY molaries. 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially WHILE AT WORK 22. I hereby certify that I attended the deceased from . 195 that I last saw the 195 Qand that death occurred at 4-155 An., from the causes and on the date stated above. deceased alive on 6/2 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-DEMETERY OR CREMATORY 24D. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



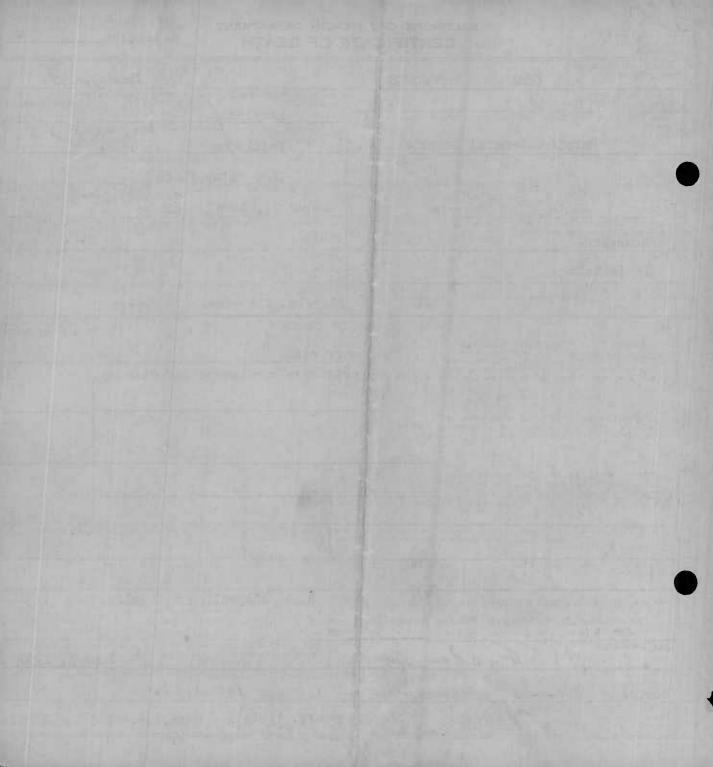
BALTIMORE CITY HEALTH DEPARTMENT

50 5017

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF CORA June 3, 1950 JONES DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address of Maryland HOSPITAL OR location) (If outside corporated whits, write RURAL and give township) c. CITY OR TOWN INSTITUTION Maryland General Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1626 Eutaw Place Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH March 21, 1888 Female White married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Ohio housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Betz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of sarvice) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Lloyd R. Clippinger Upperco, Md. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary edema (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO Hypertensive cardiovascular disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? NO X 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) EDIC/ INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes &, accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER June 3, 1950 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, RENOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) Savage, Md. burial 6-5-50 Meadowridge Memorial Park 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE John M. tck 11 & Sons, Inc.-1900 Eutaw Pl. LOCAL REGISTRAR

VS 151

especially



50 5018 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	SO 5018 Registered No.
1. NAME OF DECEASED (Type or Print)	K. WATERS	2. DATE 6/3/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital or in: HOSPITAL OR INSTITUTION) Aug land	Marianos Balfe	If outside corporate limits, write RURAL and g
Length of stay in Paltimore	Mos. 7 7 7 7	frural, give location)
	NGLE, MARRIED B. DATE OF BIRTH DOWED, DIVORCED (Specify)	9. AGE (In years If Under Year If Under 24 Ho Hours Mi
10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired)	CIND OF BUSINESS OR 11. BIRTHPLACE (State or Dept.	foreign country) 12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	NAME /
15. WAS DECEASED EVER N U. S. ARMED FORCE Yes, no or unknown) (If yes, give war or dates of service	S? 16. SOCIAL T7. INFORMANT SECURITY NO.	ADDRESS
DISEASE OR CONDITION DIREC: LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of the complex of the c	(A) (A) (B) (C) (C)	loma)
TO THE DISEASE OR CONDITION CAUSI		
LYING OR CONTRIBUTING about t	PLACE OF INJURY (e. g., in or ome, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY	2 IE. INJURY OCCURRED 21F. HOW DID INJUR MHILE AT WORK AT WORK	Y OCCUR?
22. I hereby certify that I attended deceased alive on 3, 19	and that death occurred at 12 fm., from	the eauses and on the date stated abo
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial DATE RECEIVED BY REGISTRAR'S SIGN	Rochaile ATURE M. D. M. D. PACHAILE ROCHAILE ATURE A	Roulls Address
JUN 5-1950 thinking for	Williams Man John Q. Mite	hell them 1900 Estant
VS 150		

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DATE RECEIVED BY

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210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED NOT WHILE WHILE AT WORK AT WORK

1949, to June 3, 1950, that I last saw the

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from deceased alive on June 1 . 1950, and that death occurred at 3.30 P. m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE

3406 St. Paul St., Balto., Md. 6/5/50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 24B, DATE 6/6/50 burial Loudon Park Baltimore, Md.

LOCAL REGISTRAR John O Mitchell & Sons, Inc.-1900 Eutaw Pl. huntry a love // VS 150

REGISTRAR'S SIGNATURE

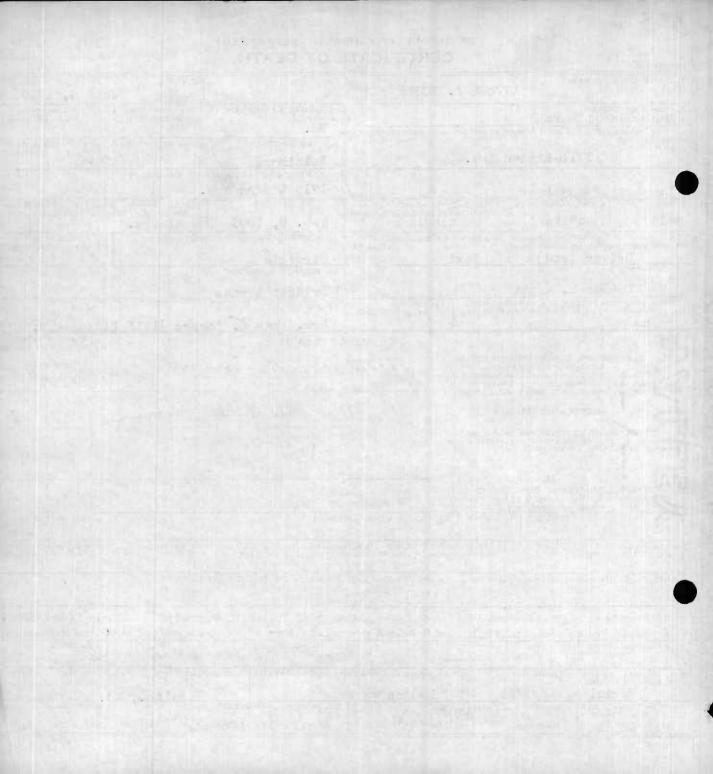
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ADDRESS

23C. DATE SIGNED

PROPERTY OF A PR

50 5020BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE ARTHUR J. SCOTT OF June 4, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Md. A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 1715 Linden Ave. Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. 1715 Linden Ave. Length of stay in Baltimore Davs 9. AGE (In years | H Under 1 Year | H Under 24 Hours | last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Single 6. COLOR OR RACE B. DATE OF BIRTH 5. SEX male Feb. 9, 1909 41 yrs. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Driver (rtd) Virginia Taxi 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas L. Scott Bridget Burnes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. no Mrs. Anna C. Rogers 1715 Linden Ave. INTERVAL BETWEEN 18. 472.1 CAUSE OF DEATH ONSET AND DEATH the Carolin Vuscular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION important. (If in Baltimore City, give exact location) 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY especially NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from Line 4 _, 1950, to fine 4th, 1950 that I last saw the deceased alive on from the eauses and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 2 24A. BURIAL, CREMA/ TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY Burial Loudon Park 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Thurteston Milliams, M. M. VS 150



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	5021
Registered	No.	

BI	RTH NO.						
	NAME OF D	ECEASED	TDA 7	ANDER		2. DATE OF DEATH Jun	e 2, 1950
	PLACE OF D	EATH: City, Maryland	IDR U	ANDER	4. USUAL RESIDENCE (
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Md.		
	SPITAL OR	909 Was	hington	location)		f outside corporate limits	write RURAL and give township)
4	100			**	Baltimore	PICO	
				Yrs. Mos.	D. STREET ADDRESS (If		
		tay in Baltimore		Days	909 Washington		
5.	SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Un last birthday) Mont	hs; Days Hours Min.
	emale	white	wid		June 24	about 69	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 1;	2. CITIZEN OF
	housewif		own h	INDUSTRY	Go		WHAT COUNTRY?
13	. FATHER'S		0 111 11	Onto	Germany 14. MOTHER'S MAIDEN N	IAME	
			Lepper	t	Unknown		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	DRESS
				SECORITI NO.	Mrs. Edward	C. Kintop 127	S. Broadway
	18. 44	/ 2 V		CAUSE	OF DEATH		INTERVAL BETWEEN
	- / /	SE OR CONDITION	DIDECTIV				ONSET AND OEATH
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		s not mean the mode oure, asthenia, etc. It mes		g., (A)se,	rebal Thras	would ref	
	injury or	complication which	caused death				
		ANTECEDENT CAUS	SES	1/	entensure Ca	. /1.	1
NO				(B) Nyn	ellersive le	relie asuche	~ year
은		S OR CONDITIONS, 1 THE ABOVE CAUSE (A)		NG HE DUE TO	1281283		0
X	UNDERL	YING CONDITION LA	AST.				
15							
RTIFICAT		11		(C)			***
E		SIGNIFICANT COND G TO THE DEATH, BUT					
Ü	TO THE D	SEASE OR CONDITION	V CAUSING	IT			
L	19A. DATE C	OF OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	PATION .		20. AUTOPSY?
CAL							YES NO
EDIC	21A. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm,factory,atreet,office bldg.,		If in Baltimore City, giv	e exact location)
ME							
2		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK	0 46	3 (27)	
				deceased from No.			that I last saw the
	deceased a	line on Man	1930		rred at 1.15 m., from	· · · · · · · · · · · · · · · · · · ·	date stated above.
	23A GIGNA	TURE	2 0	2	38. ADDRESS	Rill	23C. DATE SIGNED
	ANDIG AES	n P. Vilos	114	м. D.	122) Washingle	w Blio	23c. DATE SIGNED 6-3-50
2. Ti	23a SIGNA	CREMA- 24B. DATE Specify)	7.0		122) Washingle	LOCATION (City, town, or	23c. DATE SIGNED 6-3-50
TI	234 SIGNA 4A. BURIAL, DN, REMOVAL (S Burial	CREMA- Specify) 248. DATE 6/5/50	7.0	м. D.	(22) Washingle RY OR CREMATORY 240. I	w Blio	23c. DATE SIGNED 6-3-50
TI.	234 SIGNA 4A. BURIAL, 5N, REMOVAL (S Burial ATE RECEIVE	CREMA- Specify) CREMA- Specify) 6/5/50 D BY REGISTRAR		M.D. 24C. NAME OF CEMETE Western Cem	(22) Washington	LOCATION (City, town, or	23c. DATE SIGNED 6-3-50
TI.	234 SIGNA 4A. BURIAL, DN, REMOVAL (S Burial	CREMA- Specify) CREMA- Specify) 6/5/50 D BY REGISTRAR		M.D. 24C. NAME OF CEMETE Western Cem	(22) Washingle RY OR CREMATORY 240. I	LOCATION (City, town, or	23c. DATE SIGNED 6-3-50 recounty) (State)
TI.	234 SIGNA 4A. BURIAL. DN RENOVAL (S BURIAL ATE RECEIVE DCAL REGIST	CREMA- Specify) CREMA- Specify) 6/5/50 D BY REGISTRAR		M.D. 24C. NAME OF CEMETE Western Cem	(22) Washingle RY OR CREMATORY 240. I	LOCATION (City, town, or	23c. DATE SIGNED 6-3-50 recounty) (State)
TI.	234 SIGNA 4A. BURIAL. 5N. REMOVAL (S Burial ATE RECEIVE	CREMA- Specify) CREMA- Specify) 6/5/50 D BY REGISTRAR		Western Cem	(22) Washingle RY OR CREMATORY 240. I	LOCATION (City, town, or	23c. DATE SIGNED 6-3-50 recounty) (State)

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BIR	TH NO.			CERTIFICATI	E OF DEATI	7	negistered .	110,	
1. [(Ty	NAME OF DECEAS pe or Print)		Ellen	HAYLECK			OF JUI	NE 4,	1950
A. 1	PLACE OF DEATH: Baltimore City, M				4. USUAL RESIDE		deceased lived, In		residence re admission
HO	SPITAL OR	(If not in hospita	al or institut	tion, give street address or location)	E. CITY OR TOWN		de corporate limi		PAT and giv
INS	NIO NIOTUTION	N MEMI	orial f	JOSPITAL	BALT.	(12 00000	27	7-11	township
	7		W- C	Yrs. Mos.	D. STREET ADDRE	SS (If rural,			
	ength of stay in		Ab-	Days		NDERW		AD	
5. 8	EX 6. COL	OR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	MAY 22, 18	1:	GE (In years ast birthday) M	onths Days	ft Under 24 Hours Hours Min
10A work d	USUAL OCCUPAT	ION (Give kind of slife, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IS		country)	12. CITIZE WHAT	COUNTRY
13.	FATHER'S NAME				14. MOTHER'S MA	IDEN NAME			
	T) OHN	CROUCH			LODEMA	FITHI	AN		
15. (Yes,	WAS DECEASED EVER	IN U, S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	NO				THOMAS 1	HAYLETE		SAMO	=
	18. 260 X			CAUSE	OF DEATH				AL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DIABETES MCZCITUS (A) DIE TO						Y/	RS.		
	ANTE	CEDENT CAUS	ES				1		
FICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
		11		(C)					******************
CERTI	OTHER SIGNIF	HE DEATH, BUT	NOT RELAT	ED SENERACI	CO ARTERI	OSCLERO	SIS	TA	25.
CAL	19A. DATE OF OPE			FINDINGS OF OPER	RATION			20. A	NO L
ED	21a. ACCIDENT, St HOMICIDE (Spec	DICIDE.		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,			Baltimore City,	give exact l	ocation)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from JUNE 3, 1950, to JUNE deceased alive on JUNE 4, 1950, and that death occurred at 750 Am., from the causes 23B. ADDRESS 23B. ADDRESS								
	22. I hereby cert	ifu that I att	ended the	deceased from JUA	JE 3 1950	to Ful	UE 4 195	SOthat I le	ast saw th
	deceased alive on	JUNE 4	, 1950	and that death occur	rred at The Am.,	from the ca	uses and on	the date st	ated above
	23A. SIGNATURE	: 34 33	1	. 2 м. р.	Union m	emoid	Hospital	1 6/4	TE SIGNED
	N. REMOVAL (Specify) Burial	6/6/50		24c. NAME OF CEMETE Loudon Park	RY OR CREMATORY		to., Md.	n, or county)	(State)
DA	TE RECEIVED BY	REGISTRAR'S	SIGNAT	PFI.	25 FUNERAL DIR	ECTOR	0/./.	ADDRESS	24

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASES 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURA). (vd give INSTITUTION township) Rhul Yrs. D. STREET ADDRESS (If rural, give location) Mos. DUTUS Length of stay in Baltimore -Duys 6. COLOR OR RACE 7. SINGLE, MARRIED BIRTH 9. AGE (in years II Under 1 Year Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 77 100 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work dong during most of working life, even ifretired) INDUSTR' 4CCOUNTan Governmen Z 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war pr dates of service) (Yes, no or unknown) SECURITY NO War World 27 Aybutus Mye, Ball CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO L (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (Specify) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! 1950 to June 3, 1950 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on May 3/19 50, and that death occurred at 10 Pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETER

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

VS 150

24B, DATE

6-6-50

REGISTRAR'S SIGNATURE

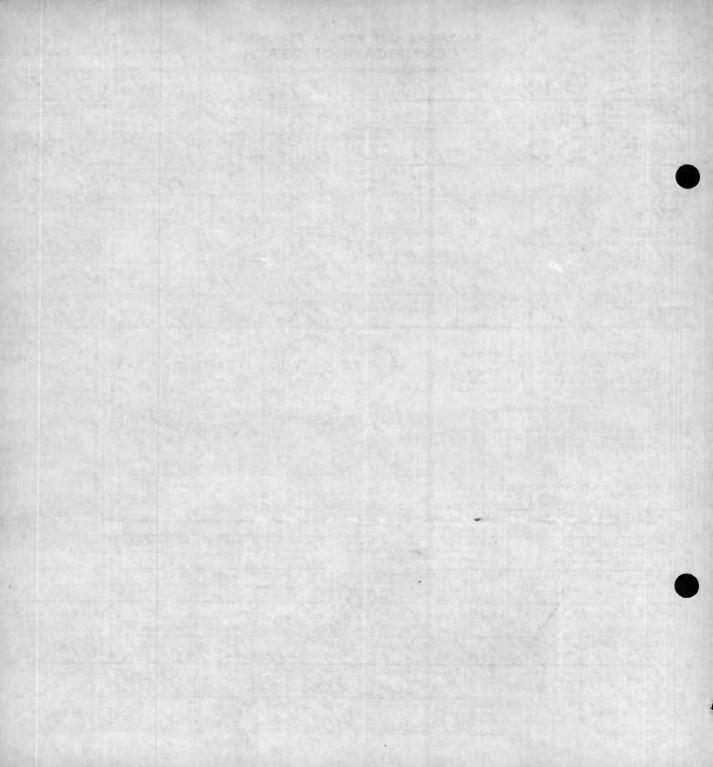
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ADDRESS

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50 - 5025BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE. (Type or Print) QUINN DEATH UUNE 3 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or BALTO. B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 6307 WEIDNER AVE BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. WEIDNER Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years If Under I Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH MAPRIED 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S.A. HOUSEWIFE JALTIMORE 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give SECURITY NO. NN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CEREBRAL HEMORRIAGE LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HYPERTENSION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION important. 21B. PLACE OF INJURY (e. g., in or about home, farm factory, etreet, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! Dea 11

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erred at Apr., from the causes and on the date stated above.

240. LOCATION (City, town, or county)

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23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

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25. FUNERAL DIRECTOR

DR. CHALFANIT RD. 6210 YORK RD. PH. TU-3166 706 20 5026

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

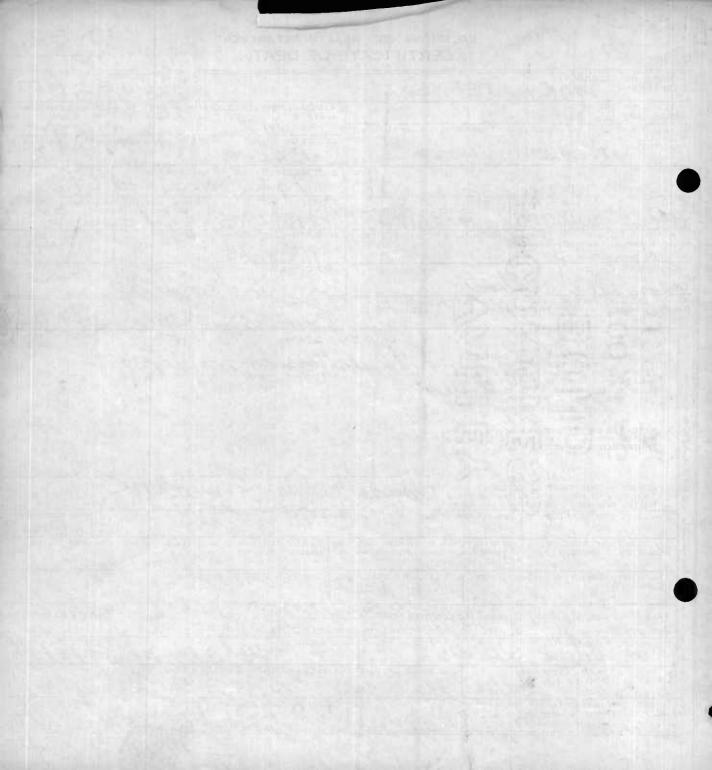
BALTIMORE CITY HEALTH DEPARTMENT

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В	IRTH NO.		CERTIFICATI	E OF DEATH	Registered No	
1.	NAME OF DECEASED	?	11 6 -		2. DATE	6
	'ype or Print)	THA	NORR		I DEMIII	2,50
	Baltimore City, Maryland	520 N.	CAKEN ST	4. USUAL RESIDENCE	(Where deceased lived, If in B. COUNTY	stitution: residence before admission)
В.	FULL NAME OF (If not in hosp	ital or institut	ion, give street address or	Marilana		C-01
	OSPITAL OR STITUTION	1	location)	C. CITY OR TOWN	(If outside corporate limits,	rite RURAL and give township)
_	0.00		Yrs,	Calline	If rural, give location)	
	Longth of stay in Poltimons	5	Mos.	D. STREET ADDRESS (On a projection	20.017
	Length of stay in Baltimore SEX [6.COLOR OR RACE	7. SINGLI	E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) If U	nder I Gar II Gindar 24 Hours
12	en la Mecas	WIDOW	ED, DIVORCED (Specify)	1881	last birthday) Mont	the Days Hours Min.
10	A. USUAL OCCUPATION Give kind	of 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or		2. CITIZEN OF
worl	done during most of working life, even if retired	1)	INDUSTRY	Marrie	al,	WHAT COUNTRY?
13	FATHER'S NAME			14. MOTHER'S NAIDEN	NAME	0-12/10
	Charles 9	Tomis		Sarah	Prop	Oh,
15	was DECEASED EVER IN U. S. ARMI a, no or unknown) (If yes, give war or da	ED FORCES?	16. SOCIAL	17. INFORMANT	ADI	DRESS /
(10	W. Joseph Company	too of Borvice)	SECURITY NO.	Westerine Por	DUN 1530	of tura lit
	18. 442 X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION		0	A	C	ONSET AND DEATH
	(This does not mean the mode	of dying, e.		releasine	Cardio -	4 910
	heart failure, asthenia, etc. It me injury or complication which			0. 10.00	Augine.	4 -0
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ERTIFICATION	II		_(C)			
2	OTHER SIGNIFICANT CONI					
Ü	TO THE DISEASE OR CONDITIO	N CAUSING	IT	ATION		1 20 AUTORSV2
AL	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		YES NO
EDIC/	21A. ACCIDENT, SUICIDE.		ACE OF INJURY (e. g., i		(If in Baltimore City, give	
ED	HOMICIDE (Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	- January	
Σ	21D. TIME (Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJU	RY OCCUR?	
	OF INJURY	m.	WHILE AT NOT WHILE			
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	deceased alive on the V		woodward j	2 7437	the causes and on the	
	23A. SIGNATURE	00		38. ADDRESS	0	23C. DATE SIGNED
	Tirula	H. Ca	M. D. /	927 Madisur		6.3.50
71 TI	AA BURIAL, CREMA-	.16	24C NAME OF CEMETE	RY OR GREMATORY 24D.	ATION (City, town, o	r county) (State)
	July Kolo	6 100	or level	Certification	- Comment	ADDRESS
	OCAL REGISTRAR	S.S SIGNATI	W. C 7	25. FUNERAL DIRECTOR	1 1 1/1	270
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	5027 BIRTH NO.		EALTH DEPARTMENT E OF DEATH	Registered N	50 5027
	1. NAME OF DECEASED (Type or Print) MARY J	SFFERS		OF JUNE	3,1950
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		nstitution : residence before admission
	HOSPITAL OR	titution, give street address or location)		outside corporate in its	wyle kUFAL and give
<u>.</u>	SUNTAINE TE SUITENIENI	405P.	BALTO	0	township
and legible	Length of stay in Baltimore /	Yrs. Mos. Days		rural, give location) 1. Bond	54.
	TOMENTE PARTE WIL	NGLE, MARRIED. DOWED, DIVORCED (Specify)	0ch15, 1905	9. AGE (In years Mon	Under 1 Yaar If Under 24 Hours nths Days Hours Min.
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nearth	13. FATHER'S NAME	+	14. MOTHER'S MAIDEN NA	ME	
4	15. WAS DECEASED EVER IN U. S. ARMED FORCE Yes, poor unknown) (If yee, give war or dates of service	S? 16. SOCIAL SECURITY NO.	17. INFORMANT	Ou AE	DDRESS
canses		SECURITY NO.	Cornwalles)	Sellere 1.	325 M. Bond ?
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II y SIC	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE	LATED /	uromia + Ren	uphage	
	TO THE DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER			20. AUTOPSY?
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iny in	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E, INJURY OCCURR WHILE AT NOT WHILE		OCCUR?	
especia	22. I hereby certify that I attended	WORK AT BORK	y 1, 125,00 to Su	me 3, 1950	that I last saw the
	23A, SIGNATURE	0 1 1 2	rred at 10 m., from th	e causes and on th	e date stated above
age 13	Thaddeus Sur	1 24C. NAME OF CEMETE	ST. Fosepa's	lasp.	6/3/50 or county) (State)
	24A. BURIAL, CREMA- TION, REMOVAL (Specify)	my Cor	Cana Cana a	G CATION (City, town,	te mel
nairea	DATE RECEIVED BY REGISTRAR'S SIGN	WILL O	25 FUNERAL DIRECTOR	6(1 800 5	ADDRESS
1	VS 150	Taraban and American	pjuo.	1129 m.	CarlingSt-
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN /(If outside corporate limits write BURAL and give INSTITUTION township JOHNS HOPKINS HOSPITER emon Yrs. MODRESS (If rural, give location Mos. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years | H Under 1 Year Il Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ction of Great vessels LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) CERTIFICATION APPROVED BY 11 OTHER SIGNIFICANT CONDITIONS CON-Dr. John R. Davis TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Willeda MI BO. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION CHIEF OR ASST. MEDICAL EXAMINER. YES 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE pecially WHILE ATT AT WORK WORK and that death occurred at 9% m. from , 19 , that I last saw the 22. I hereby certify that I attended the deceased from_ m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23c. DATE SIGNED INTERNATION OF THE SERVICE SERVICE M. D. 24D. LOCATION (City, town, or county) (State) 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) AODRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY TREGISTRAR'S SIGNATURE LOCAL REGISTRAR

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В	IRTH NO.			CERTIFICAT	E OF DEAT	H Register	Pd No
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Α.	Baltimore City, Mary				A. STATE	ENCE (Where deceased live B. COUNTY	d. If institution: residence before admission
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II		Wilton	Avenu	e			township
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5.	SEX 6. COLOR I	OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH		
			Wid	_			Months Days Hours Mill.
1C	A. USUAL OCCUPATION	(Give kind of	10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
	Household	ou il recireu,		INDUSTRI	Poland		WHAT COUNTRY
13	B. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME	
	Michael Kocol				Catherine	Gawrys	
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		wate			Mr. George Ma	lecki,516 S. Mi	lton Avenue
	18. Hrr. 2			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CON	IDITION	DIRECTLY		1,	10 10.	DNSET AND DEATH
	LEADING	TO DEA	TH	C-Mn-	10 Tardo	Insulstry	was 2 deept
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	injury or complication	which c	aused deat	n.) DUE TO		11-	
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ED	HOMICIDE (Specify)		about home,	farm, factory, street, office hldg.,	te.) INJURY OCCU	R?	oy, give exact location;
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S. PLACE OF DEATH ANNA FERENC 2. DATE DEATH June 2, 1950							
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D		-1-/	S SIGNATI				- W
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t age is especially important. Physicians: please write the causes of death clearly and legibly.

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1. NAME OF DECEASED	Agnes Woods		2. DATE. OF Jun	e 3-1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital	l or institution, give street address or		Where deceased lived. If i	institution : residence before admission)
HOSPITAL OR Baltimore Ci 4940 Easter	ty Hospitals location)	Baltimore	6-0	were RURAL and give township)
Length of stay in Baltimore	56 yrs. Yrs. Mos. Days	D. STREET ADDRESS (If 408 N. Ann St.	rural, give location)	
5. SEX 6. COLOR OR RACE Female Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BISTH 1889 or Aug. 9.1884?		Under 1 Year If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Warner Wi	lson	14. MOTHER'S MAIDEN N Sarah Payne	AME	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates of	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Baltin	more City Hoss	pitals
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22. I hereby certify that I atto deceased alive on 5-3-23A. SIGNATURE	1929 and that death occur	6- , 19 50 to 6- red at 9.25Am., from to 138. ADDRESS 4940 Eastern Ave.		that I last saw the e date stated above. 23c. DATE SIGNED 6-3-50
24A. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR 1950	950 Mt. Calv		L Collice 1532 6.13	

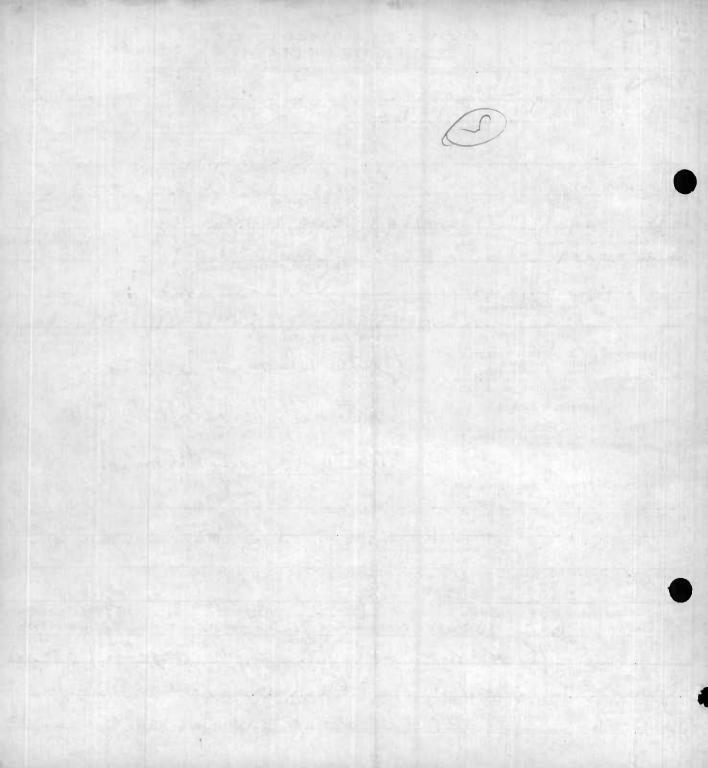
corpet age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT 5032 Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A STATE · before admission) (If not in hospital or institution give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corperate limits, write RURAL and vive INSTITUTION township) (lingural, give location) D. STREET ABORESS Yrs. Mos. ength of stay in Baltimore Days 9. Ack (In years M Under I Year H Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE | 7. SINGLE, MARRIED DATE OF BIRTH WIDQUED, DIVORCED (Specify) OA. USUAL OCCUPATION (Give kind of IOB. KIND OF EUSINESS OR Welk done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF INDAR WHAT COUNTRY? 13. FAJHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARNED FORCES?
(Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 7. WFORMANT SECURITY NO. 3-10-095 NTERVAL BETWEE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE . 19 that I last saw the 19 U to. 22. I hereby certify that I attended the deceased from_ 19 10 and that death occurred at 9.15 P.m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 230. DATE SIGNED Josef 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) 5-1950 25 EUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

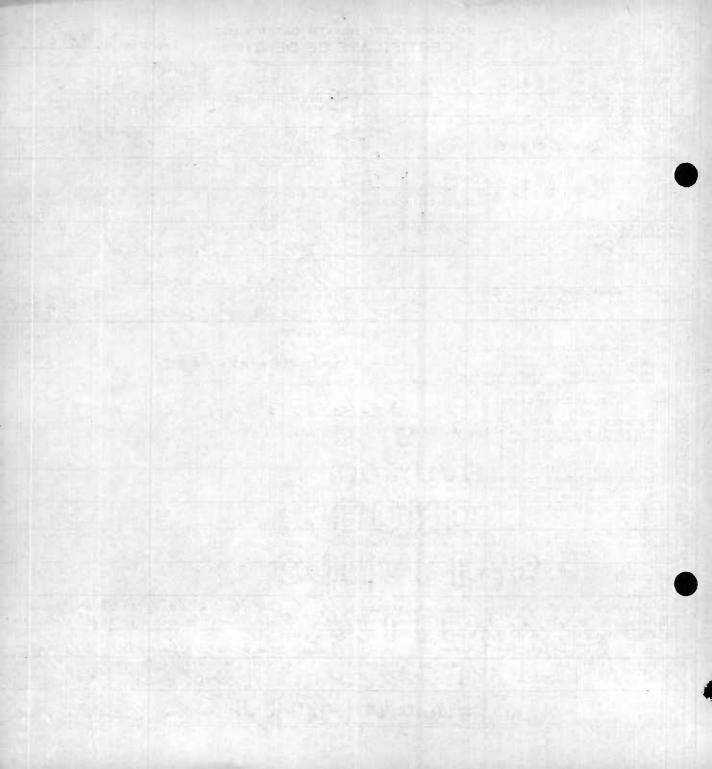
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-	526 BIRTH NO. 5033 BALTIMORE CITY HE CERTIFICATION	1	Registered No.	5033		
	1. NAME OF DECEASED (Type or Print) BABY BOY INGERSON		2. DATE OF DEATH	5-50		
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (W) A. STATE MD	bere deceased lived. If inst	itution: residence before admission)		
y.	HOSPITAL OR INSTITUTION Bon SECOURS HOSPITAL.		outside corporate limits, w	rite RURAL and give township)		
legibly	Length of stay in Baltimore / don Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location)	0.0		
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	6-4-50	9. AGE (In years # Under Months	1 Year It Under 24 Hours Days Hours Min.		
clearly and	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHBLACE (State or for		CITIZEN OF WHAT COUNTRY?		
death	13. FATHER'S NAME	14 NOTHER'S MAIDEN NA	ME Press			
Jo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, sive war or dates of service) 16. SOCIAL SECURITY NO.	17. NFORMANT	ADDE	Whith East,		
Physicians: please write the causes	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED CAUSE OF DEATH INTERVAL BETWONSET AND DE (A) Cexebral Hemory hage (B) A telectasis Tile Tile To The Month of the Conditions contributions contributing to the Death, but not related					
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		YES NO			
	24A, BURIAL, CREMA- TICK REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	21f. HOW DID INJURY 21f. HOW DID INJURY 1950 to 196. Am., from th 38. ADDRESS Bon Secous	e causes and on the consessand	hat I last saw the late stated above. 3c. DATE SIGNED 6 5 5 5		
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G. Howard Strong 3207 W. North Ave..

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE George, Dexter OF May 31, 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence S. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RALRAL and give INSTITUTION 4940 Eastern Avenue township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 132 N. Washington St. c. Length of stay in Baltimore Dave 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Seperated 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) AGE (In years | Monder 1 Year | Monder 24 Hours | Months; Days | Hours | Min. December 22, 1882 Male Negro 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? ABORES Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Dexter Catherine Collins 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nukoown) (If yes, give war or dates of service) 16. SOCIAL Records- 4940 Eastern Avenue SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pulmonary Infarct left lower lobe LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES Mural Thrombus of the heart DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Generalized Arteriosclerosis 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially , 1950, that I last saw the 22. I hereby certify that I attended the deceased from Feb. 2 , 1945, to May 31 1950, and that death occurred at 3: 15 Prefrom the causes and on the date stated above. deceased alive on May 31 238 ADDRESS Baltimore City Hospitals 23c. DATE SIGNED 23A. SIGNATURE June 2, 1950 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Dunal 25. PUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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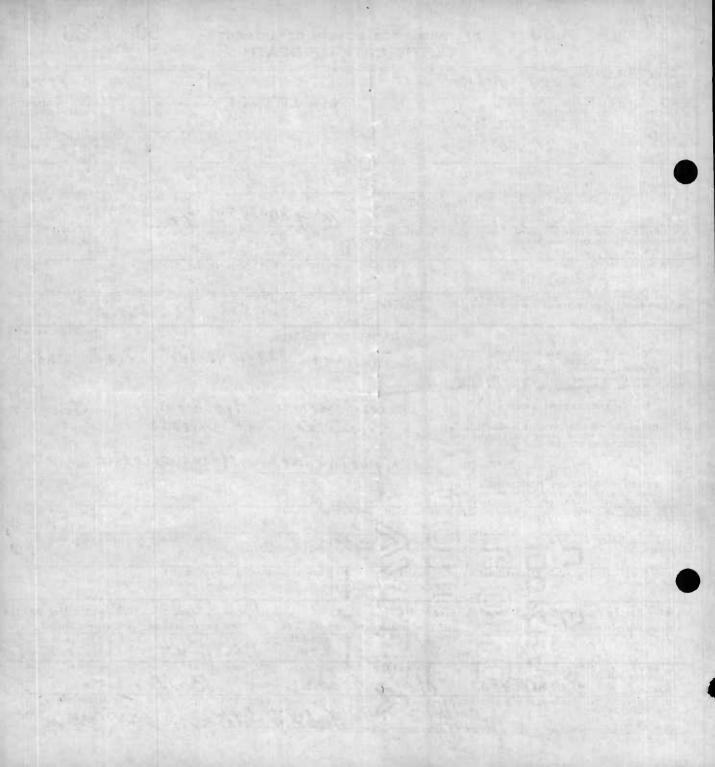
7 18 Les Mangara

50 - 5036BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE VERONIKA SKIEL June 5-1950 (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RETRAL and give 226 S. Collinston and INSTITUTION township Yrs. D. STREET ADDRESS (If rural, give location) S. collination are Mos. c. Length of stay in Baltimore Days 6, COLOR OR RACE | 7, SINGLE, MARRIED 9. AGE (17 years | M duder 1 Year | H Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Fernale Widow 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 1 ochowork 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SIMON ZUBONICZ 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war ar dates of service) eph Mukiel 226 S. Collington any 16. SOCIAL 17. INFORMANT SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or camplication which caused death.) DUE TO ARTERIOSCIPROTIC HYPERTENSIVE ANTECEDENT CAUSES CARDID- VASCULAR DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. JENPRAL 1289 HATERIOSCLEROSE OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION NONR (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home farm factory street, office bldg., etc.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) OF INJURY NOT WHILE WHILE AT the 5. 1950 that I last saw the 19 49 to 22. I hereby certify that I attended the deceased from. deceased alive on the 5 19 50, and that death occurred at 4 A. m., from the causes and on the date stated above. 23c. DATE SIGNED 238. ADDRESS 23A SIGNATURE une 5, 1950 24C. NAME OF CEMETERY OR CREMATORY 24A. BURNAL, CREMA-TION REMOVAL (Specify) Burial ADDRESS DATE RECEIVED BY LOCAL REGISTRAR

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aug. func 3 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 1949 to_ deceased alive on here v 1953, and that death occurred at 133 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE June 4, 1950 4700 24C. NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA TION, REMOVAL (Specify)

A, A, Co.

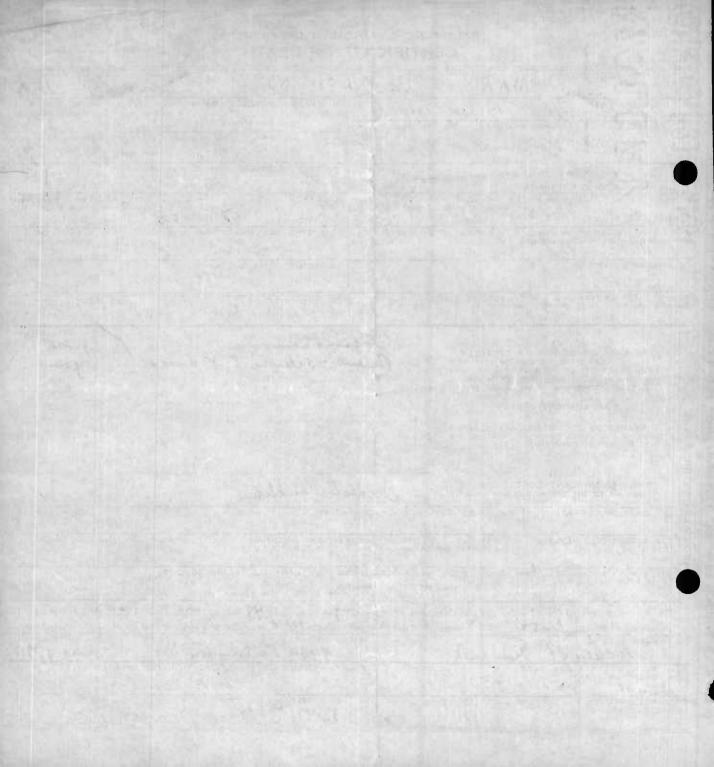
24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

June 7-1950 REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



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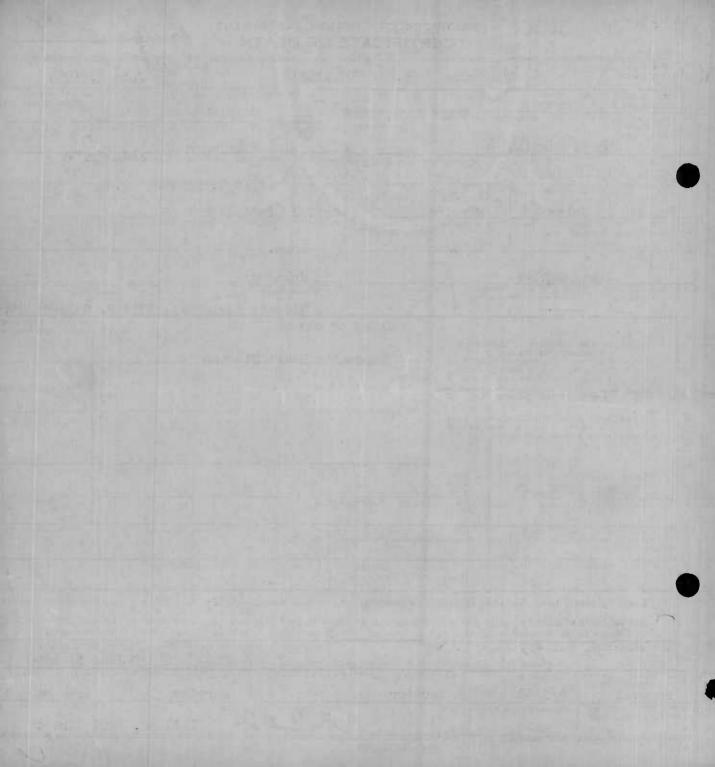
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Physicians:

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context age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

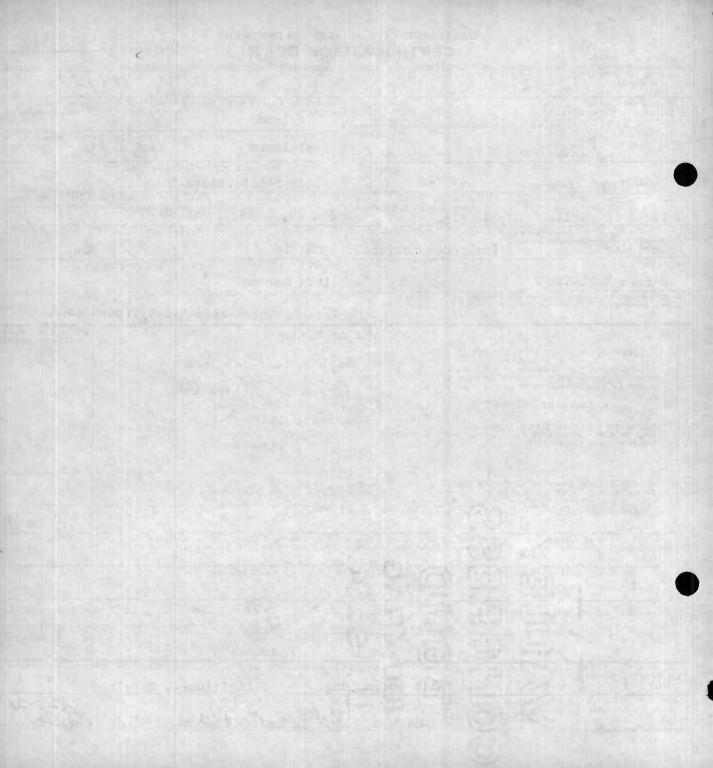
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В	IRTH NO.			CERTIFICA	IE OF DEATH	200		
1.	NAME OF D Type or Print)	ECEASED Manu	y Be	eneich		2. DATE OF DEATH J	une 4, 1950	
A.		City, Maryland		· Md.	A. STATE	ICE (Where deceased lived B. COUNTY		
H	OSPITAL OR			ntion, give street address location		(If outside corporate li	mits, write KURAD and give	
	Aged Ho	me, Sinai	Hospi			, Maryland	township)	
	I anoth of a	tau in Daltiman	K S	50 yrs. Mor		s (If rural, give location St. & Rutlar		
	SEX	tay in Baltimore	7. SING	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours	
	emale	White	1	WED, DIVORCED (Speci DWED)	June 7,187	last hirthday)	Months Days Hours Min.	
10 wor	k dooe during most o	CUPATION (Give kind of working life, even if retire	of 10B. KIN	D OF BUSINESS OR		ate or foreign country)	US A	
13	None	LANAE			Austria 14. MOTHER'S MAIE	CAL MANG	USA	
'`						DEN NAME	Little State of the	
11	Unknow		ER FORGES	Lie cocia:	Unknown			
(Ye	No No	D EVER IN U, S. ARM (If yes, give war or da	tes of service)	16. SOCIAL SECURITY NO	Albert Ben	esch 3440 Vi	rginia Ave 15	
	18. HZ	0.1		CAUSI	OF DEATH:		INTERVAL BETWEEN	
		E OR CONDITION	DIRECTLY	Y			ONSET AND DEATH	
	(This does	not mean the mode	ATH of dying, e	. g., (A)	Candia F	-acture		
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES							
Z	\sim 1							
ERTIFICATION	RISE TO T	S OR CONDITIONS,) STATING					
S C	UNDERLY	ING CONDITION	LAST.					
E E	MARKET WALL	11		(C)				
F.		IGNIFICANT CON			7. 0 = 7			
CE	TO THE D	TO THE DEATH, BU	N CAUSING	1T	Labetes)	rellione		
با	19A. DATE O	F OPERATION	19B. MAJO	R FINDINGS OF OP	ERATION		20. AUTOPSY?	
S	21A. ACCIDE	NT, SUICIDE.	21B. PI	ACE OF INJURY (e. 1	, in or 21c. WHERE DIE	(If in Baltimore Cit	yes NO L	
EDICA	HOMICIDE	(Specify)		e, farm, factory, street, office blo		?		
Σ	21D. TIME ((Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCUI	RED 21F. HOW DID I	NJURY OCCUR?		
	OF INJURY			WHILE AT NOT WHI	LE			
22. I hereby certify that I attended the deceased from 6-3 1950 to 6-4, 1960 that I last so deceased alive on 6-4, 1950, and that death occurred at 1045 m., from the causes and on the date stated							O 60that I last says the	
							n the date stated above	
	23A, SIGNA			. and that death occ	23B. ADDR56s	tone the easter and o	23c. DATE SIGNED	
		Jerome	20	ther M.D.	Sinin		6-4-50	
2	24A. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
	Burlal	June6,		Hebrew Fri		Baltimore,		
	ATE RECEIVE		R'S SIGNAT	URE	25. FUNERAL DIREC	TOR	ADDRESS	
	UN 5 - 10	50 Thurting	194 /1/	waster, His	freed touch	em for 1902	Lutaw Place.	
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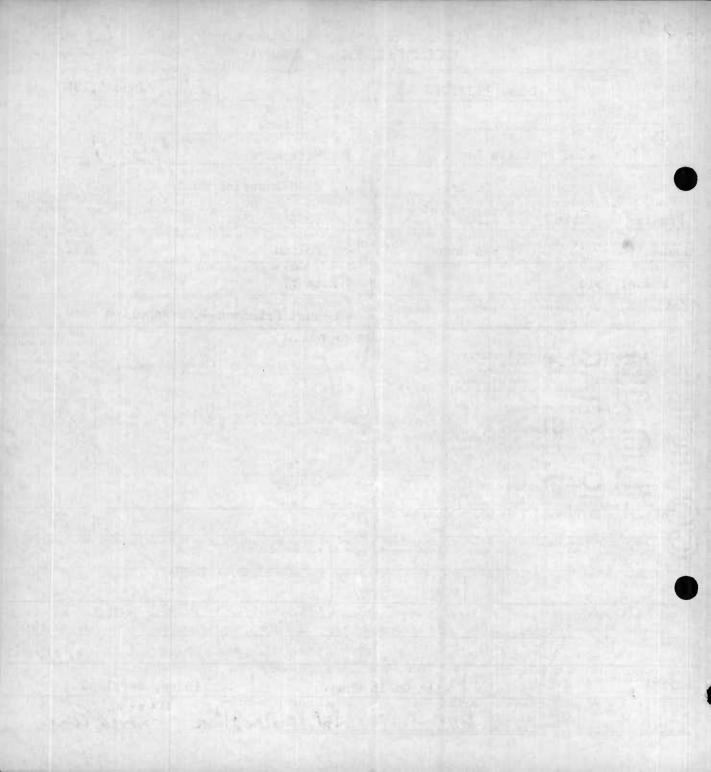
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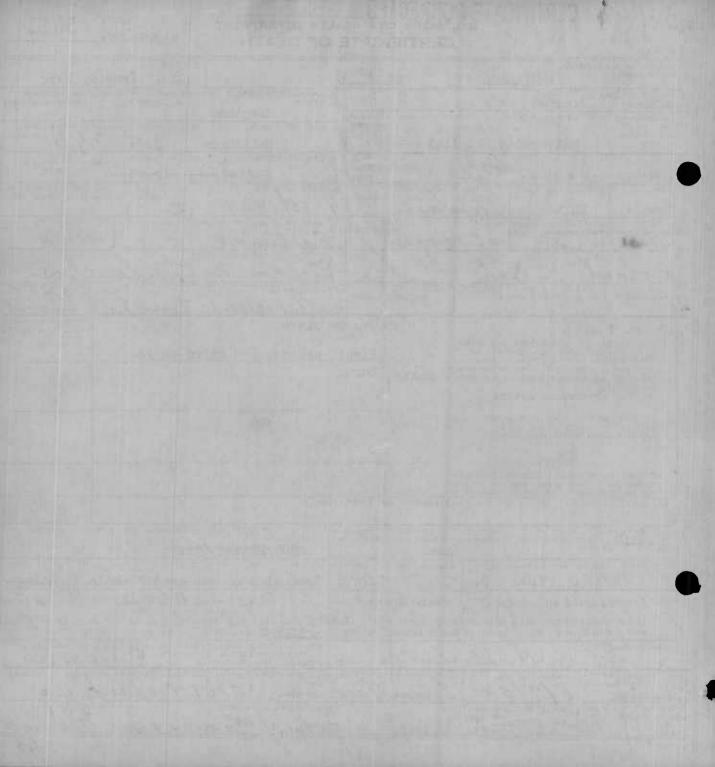
BALTIMORE CITY HEALTH DEPARTMENT

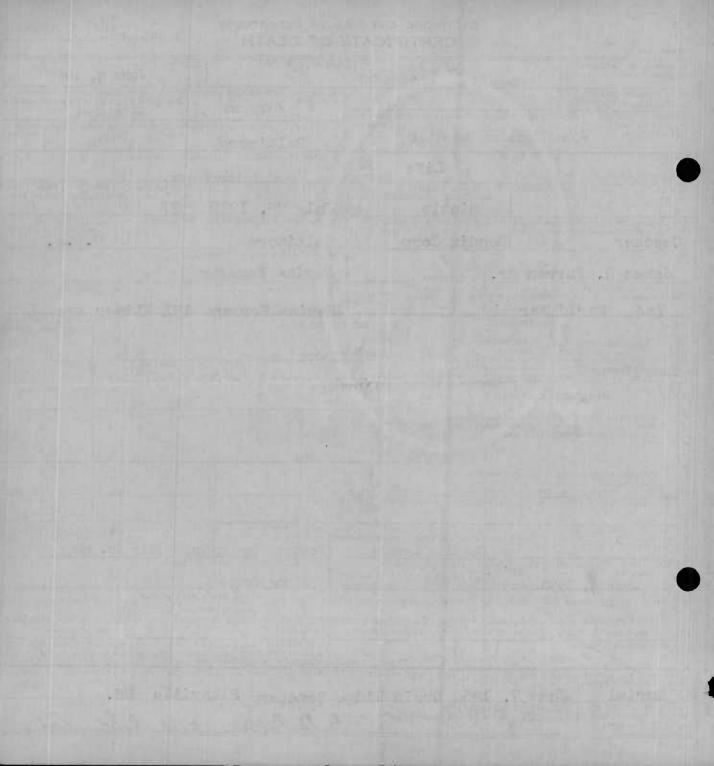
50 5042 Registered No.

В	RTH NO.		CERTIFICA	IE OF DEATH	***************************************	
1. (T	NAME OF DE	ECEASED DOR	A FRIEDMAN		2. DATE OF June	5,1950
Α.		ity, Maryland	al or institution, give street address	4. USUAL RESIDENCE (A. STATE Maryland	Where deceased lived, 1 B. COUNTY	institution : residence before admission)
H	OSPITAL OR ISTITUTION	4006 Annel	location		If outside corporate limi	ts, write RURAL and give township)
		ay in Baltimore	50 Yrs. Yrs Mos	4006 Anneller	Road	
	emale	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special WIDOW	s. date of birth		If Under 1 Year H Under 24 Hours onths Days Hours Min.
worl H(A. USUAL OCC done during most of DUSEWIFE	CUPATION (Give kind of f working life, even if retired)	wn Home	Poland Poland	foreign country)	12. CITIZEN OF WHAT COUNTRYS
	Samuel	Gold		Rosa ??	NAME	
(Ye	. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Samuel Friedman	1-4006 Annell	address en Road
ICATION	(This does heart failu injury or DISEASES RISE TO T	LEADING TO DEA not mean the mode of re, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION L.	TH of dying, e.g., ans the disease, caused death.) SES (B) STATING THE DUE TO	exect tormon		
CERTIFIC	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED CAUSING IT.	,		
EDICAL		0	19B, MAJOR FINDINGS OF OP		(If in Baltimore City,	20, AUTOPSY? YES NO
MEDI	HOMICIDE		21B. PLACE OF INJURY (e. g about bome, farm, factory, street, office bid	g.,etc.) INJURY OCCUR?		give exact location)
	OF INJURY	Month) (Day) (Year) (Hour) 21E. INJURY OCCUF WHILE AT NOT WHI WORK AT WOR	LE L		
	deceased al	ive on June !	tended the deceased from, 19 100, and that death occ	1946, 19 , to_ urred at 640 m., from 23B. ADDRESS	the causes and on	the date stated above
2 B	4A. BURIAL, CON REMOVAL (S	REMA- 248 DATE		1	LOCATION (City, town	
	ATE RECEIVED		's SIGNATURE	Sol. Dunion !	3100 non	thane,
	VS 150		Tuning jings			94a



HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF June 5, 1950 MILDRED BRAMHALL DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION University Hospital Baltimore (If rural, give location) Yrs. D. STREET ADDRESS laisel Mos. Length of stay in Baltimore 2307 Missel Street Days 6. COLOR OR RACE 5. SEX SINGLE, MARRIED 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) and 23 White Female married 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR I. BIRTHPLACE (State or foreign country) 12. CITIZEN OF clearly ork done during most of working life Aven if retired) INDUSTRY Stouse Wile 13. FATHER'S NAME 15. WAS DECEASED EVER N U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH 916.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH second, and third degree (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, burns injury or complication which caused death.) XXXXXX ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION 21c. WHERE DID 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING | Shout bome, farm, factory, street, office bidg., etc.) (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH. 2307 Miasel Street Home 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/4/50 21E. INJURY OCCURRED WHILE AT NOT WHILE 7:00 Explosion of gas heater while lightingespecially WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident M, suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER June MEDICAL INVESTIGATOR ... CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 - 5045

Registered No NAME OF DECEASED 2. DATE (Type or Print) OF F. Edward Bassford DEATH June 3, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3417 Falls Road Baltimore D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Life 3/17 Falls Road Davs 5. SEX 9. AGE (In years | If Under 1 Year | II Under 24 Hours | Inst birthday | Months; Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White Married Oct. 19, 1881 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) Vulcan-Hart Mfg. Co. WHAT COUNTRY? Clerk Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? I6. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) Mrs. Grace Bassford 3417 Falls Road INTERVAL BETWEEN 18. CAUSE OF DEATH 421.4 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CEI TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IF. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from Sight, to 3, 19 50 that I last saw the deceased alive on 2, 1950, and that death occurred at 170 H.m., from the causes and on the date stated above. 3, 19 50 that I last saw the 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY

Burial

DATE RECEIVED BY

LOCAL REGISTRAR

25. FUNERAL DIRECTOR

Burgee Funeral Home

Lorraine Park

June 6.

1950

REGISTRAR'S SIGNATURE

3631 Falls Road

Baltimore Co., Maryland

a lange the off contact . THE PARTY NAMED IN the land to the second that the second the s 新世 - 101-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-101 - 11-1 Harten L. . of Sales All Inc.

50 5046 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE BOWEN, Robert (Type or Print) 6-2-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. Highwood . Length of stay in/Baltimore Davs 6. COLDRIDE RACE 9. AGE (In years last birthday) H Under 1 Year Months Days Hours Min. 100. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR INDUSTRY AND OF BUSINESS OR INDUSTRY OF THE PROPERTY OF THE PROPERT 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, 12 or not hown) (If yes, give war or data of 16. SOCIAL PORESS 18. CAUSE OF DEATH 420,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., Rulmonany Edema heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Sportaneous ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST. Physicians: Orterioscleratio heart desease 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK WORK that I last saw the 1950 to 22. I hereby certify that I attended the deceased from 2 deceased alive on 2 home, 19 51, and that death occurred at 4110 mm with causes and on the date stated above. 23c. DATE SIGNED 23A, SIGNATURE DATE RECEIVED BY / REGISTRAR'S

VS 150

19 / 93)

De Doument File 50-5046
6-26-50
Es.

BALTIMORE CITY HEALTH DEPARTMENT

	RTH NO.	Ý Ý		CERTIFIC	CATE	OF DEATH	-	Registered	No.	-
1.	NAME OF D ype or Print)		Agnes V	/irginia S	chutz			2. DATE OF DEATH JUNE	е 4, 1950	=
	PLACE OF D Baltimore (EATH: City, Maryland				4. USUAL RESIDE	NCE (Whe	ere deceased lived. I	lf institution : residence before admission	n)
8.	FULL NAME		al or instituti	on, give street ad			yland			
IN	STITUTION	2025	D-2 3		ocation)	C. CITY OR TOWN		itside corporate lim	its, write RURAL and gi	
(0	3035	Roland	Avenue			timore		3-01	
			Life		Yrs. Mos.	D. STREET ADDRE				
_	Length of s	tay in Baltimore			Days	8. DATE OF BIRTH		nd Avenue	If Under 1 Year If Under 24 Hou	
	Female	White	WIDOW	MARRIED. ED DIVORCED IGLE	(Specify)	March 3, 18		9. AGE (In years last birthday)	Months Days Hours Mir	
10	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS	OR	11. BIRTHPLACE (S	tate or fore	ign country)	12. CITIZEN OF	_
WOL	Major	Retired	Salvat	tion Army	USIRY	Maryland			WHAT COUNTRY	re
13	FATHER'S	IAME		7		14. MOTHER'S MA	IDEN NAN	1E		_
	William	G. Schutz				Elizabeth	A. Web	b		
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	=	17. INFORMANT			ADDRESS	=
(10	No No	(If yes, give war or date	s OI service)	SECURITY	NO.	Millard B	ond	3833 Rolan		
CERTIFICATION	(This does heart failu in jury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of the state	TH if dying, e. g ns the disease aused death SES F ANY, GIVIN STATING THEST. TIONS CONNOT RELATE	(B)	M	Erio sclero I	lic (å	rdes - Vas cu	4 Desease	
	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF	OPERA	TION			20. AUTOPSY?	
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY arm,factory,street,of				in Baltimore City	yes No	
	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY O		D 21F. HOW DID	INJURY	OCCUR?		
			m.	WHILE AT NO	T WORK		0 0			
	22. I hereb deceased a		tended the	deceased from and that deap	n y W h oecurr	ed at 9200 m.	from the		that I last saw t the date stated above	e.
2. TI	4A. BURIAL, ON, REMOVAL (S	pecify	1			Y OR CREMATORY		CATION (City, tow)
_	Burial	June 8,	1950	Green Mo		OF FUNERAL DIR		imore, Mar	yland ADDRESS	_
1	ATE RECEIVE OCAL REGIST		SIGNATI	La Qua M.F	1 1	25. FUNERAL DIR Birged Fune	_	me 3631	Falls Road	
	MC 1EO		-							

BALTIMODE CITY HEALTH DEPARTMENT

50 5048

EO49 CEDILICATI	Registered No.
BIRTH NO. 8 CERTIFICATE	E OF DEATH
1. NAME OF DECEASED (Type or Print) Florence Gunther	
a. Baltimore City, Maryland Balto. City B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATERYLAND B. COUNTY before admission
HOSPITAL OR INSTITUTION Provident Hosp.	Balto. City (If outside corporate fimits, write RURAL and give balto. City
Length of stay in Baltimore 55 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) II28 W. Franklin St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WidOW	8. DATE OF BIRTH 9. AGE (In years li Under I Year Months Days Hours Min June 12 1888 61
10A. USUAL OCCUPATION (Give kind of work done during moet of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Calvert Co.Md U.S.A.
Perry Green	14. MOTHER'S MAIDEN NAME Alice Green
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) NO 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Eva Banke III2 W. Sartoga St
18. 0 76 X CAUSE	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Cerebral thrombosis Bours?
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ns Lues Undet.

Physicians: please write the causes of death clearly and legibly.

is especially important.

EDICAL

UNDERLYING CONDITION LAST. 11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

23B. ADDRESS

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, and that death occurred at_ deceased alive on.

6- 4 - 1950, that I last saw the 7 3 m., from the causes and on the date stated above.

28c. DATE SIGNED

24A. BURIAL. CREMA-TION, REMOVAL (Specify) Burial

23A. SIGNATURE

24B. DATE

Batto. Nat. Cemetery

24D. LOCATION (City, town/or Baltimore Maryland

DATE RECEIVED BY

GISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Elron of Wilson 1000 Brantly Ave

ADDRESS

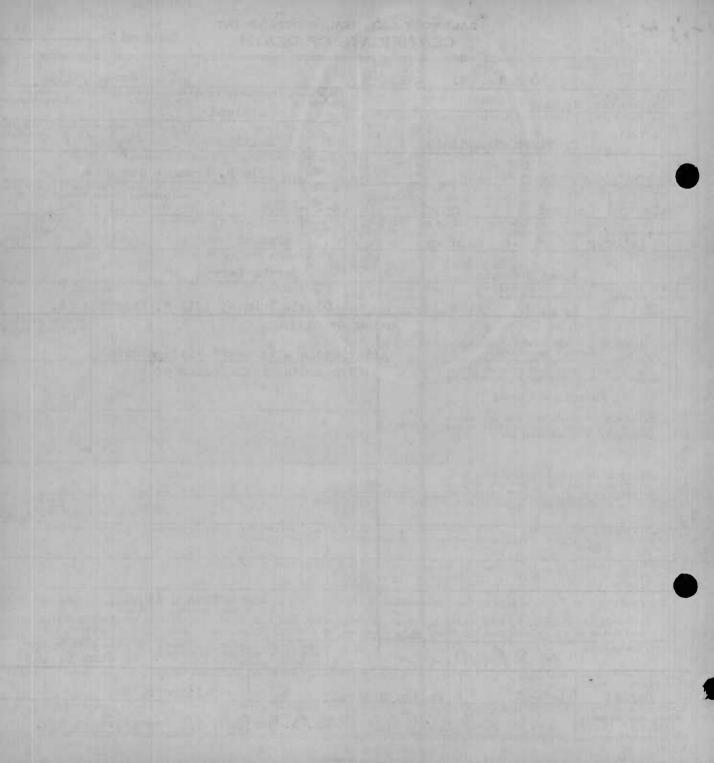
cornect age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

50 5049

I B	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No.			
1	NAME OF DECEASED	r		2. DATE T			
	Fithe	us Iones		DEATH JUNE			
	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WI	nere deceased lived. If ins	titution : residence before admission)		
В	FULL NAME OF (If not in ho	ospital or institution, give street address of	A CONTRACTOR OF THE PARTY OF TH	MINAST	A- DIDAY		
	NSTITUTION Provice		BAltimo	utside corporate limits, y	township)		
		Yrs.	D. STREET ADDRESS (If r	ural, give location)	4		
-	Length of stay in Baltimor		1 8. DATE OF BIRTH	9. AGE (In years) II Und	er 1 Year It Under 24 Hours		
	male Colored	, WIDOWED, DIVORCED (Specify		last birthday) Month	s Days Hours Min.		
wor	DA. USUAL OCCUPATION (Give kink done during most of working life, even if ret	ndof TOR KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF		
1	NSURANCE COllect		KILMARNO	ct. UA	WHAT COUNTRY?		
1:	B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
	WITTER JO	NES	LOUISE	DRAAN			
(Y	5. WAS DECEASED EVER IN U.S. AF me, no or unknown) (If yes, give wer or	RMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		RESS,		
-	No		HNNIE JONE	5-1105 Mr.			
	18. 002 X	CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not be seen to be a few to be a						
	(This does not mean the mo	ode of dying, e.g., (A)	Pul, IBC.	***************************************	Undet.		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
NO NO	DISEASES OR CONDITIONS, IF ANY, GIVING						
RTIFICATION	UNDERLYING CONDITION	(A) STATING THE DUE TO					
15							
E	other significant co	(6)					
Ш	TRIBUTING TO THE DEATH, I	BUT NOT RELATED	over the col				
U	19a, DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?		
N K					YES NO		
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)		
Σ	21D. TIME (Month) (Day) (Y	ear) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?			
	OF INJURY	WHILE AT NOT WHILE					
	00 77 7 116 17 17	m. WORK AT WORK		6/2 100			
	deceased alive on 6/2	attended the deceased from, 1950, and that death occu	5-/29, 1950, to		hat I last saw the		
	23A. SIGNATURE				3c. DATE SIGNED		
	Luc	in the frequent	Pen dent	Wasn.	6/2/00		
2	4A. BURIAL, CREMA- 24B. DAT ON, REMOVAL (Specify)	E 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LO	CATION (City, town, or	county) (State)		
1	BURIAL JUNA	6-1950 FAMILY L	of Kilm	AKNOCK,	Va		
D	ATE RECEIVED BY REGISTR	AR'S SIGNATURE	25. FUNERAL DIRECTOR	A	DDRESS		
1	LINE TO Them?	the the Billians Asi	KARI GILMON	EF 519 /	nosher St.		
J	UNVS 1501350						
1		27116	- 0		12.0		

274F0



cor, age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5051

B	IRTH NO.						
	NAME OF Daype or Print)		.Pfotze			2. DATE OF DEATH	June 3,1950
A. B.	PLACE OF DEBAR BAR BAR BAR BAR BAR BAR BAR BAR BAR	City, Maryland	2322 E.	Fayette St.	4. USUAL RESIDENCE (Where deceased lived, if institution: residence a. STATE B. COUNTY before admission 2322 E. Favette St.		
11	STITUTION				Balto.		township)
	Length of	stav in Baltimore		Life Mos.		ayette St.	6-03
	sex lale	6.COLOR OR RACE		MARRIED, FD DI ORCED (Specify)	8. DATE OF BIRTH Sept. 11,180	9. AGE (in years last to hday)	Months: Days Hours: Min.
4.01	k done during most	CCUPATION (Give kind of of working life, even If retired Jpholster, Fin)	of Business or INDUSTRY Binter. Vincent	11. BIRTHPLACE (State Co. Balto		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAID	EN NAME	
		George Pfotz			lena Er	vin	✓
(Ye	o, no or unknown	(If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs.Minna Beni	nett,2322 E.Fa	yette St.
	18. 4/	4 X .	100	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
RTIFICATION	DISEASE RISE TO	ANTECEDENT CAU SOR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION L	SES IF ANY, GIVIN) STATING TH	(B) Rhu	mulio Endocudit		ux kmm
CERT	TRIBUTIN	SIGNIFICANT CONE IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D UMMILL	co Varnely M	inlinitin	hunden
			19B. MAJOR		ATION		20. AUTOPSY?
EDICAL	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore Cit	ty, give exact location)
N	21b. TIME OF INJURY	(Month) (Day) (Year		VHILE AT NOT WHILE WORK AT WORK			
		by certify that I at					9 50, that I last saw the
	deceased of	TURE	L, 19. b U., (and that death occur	38. ADDRESS M	om the causes and o	n the date stated above
2 TI	ON REMOVAL (Specify) June June	,	Oak Lawn		4b. LOCATION (City, to Balto	
DL L	ATE RECEIVE OCAL REGIS	TOAD	to Heli		THE FUNERAL DIFECTION		rleans St.
	VS 150			3648.	1-100		1210

THE PROPERTY OF STREET As tonimic alless to verse

age is especially important. Physicians: please write the causes of death clearly and legibly.

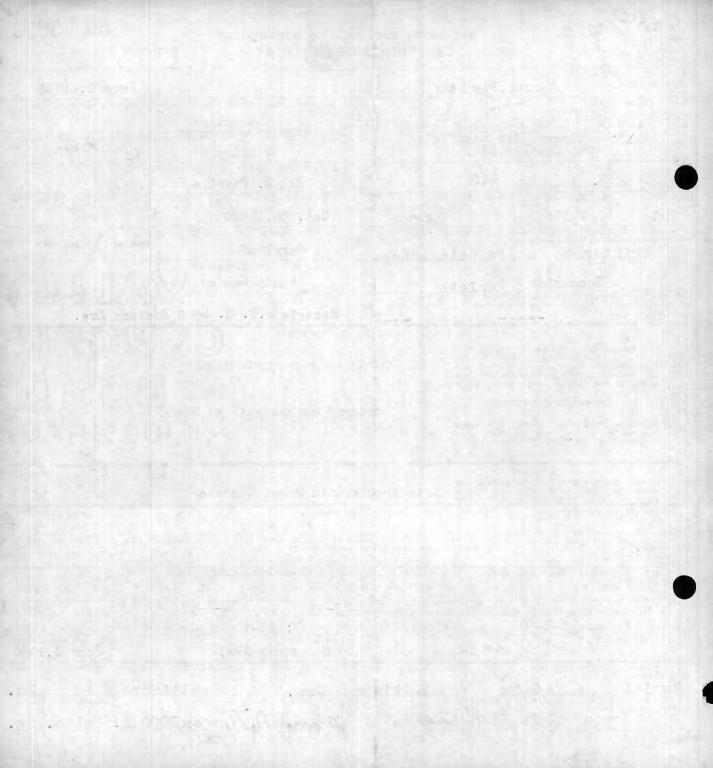
VS 150

BALTIMORE CITY HEALTH DEPARTMENT

50 5052

Registered No.

В	IRTH NO.			OLICITI TO/CI	E OI DEATH			
1.	NAME OF D		770			2. DATE		
			1, Parle	tt			ine 2, 1950	
	Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY before			
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or		land	before admission)	
I I	OSPITAL OR	Baltimore Ci	ty Hosp	itals location)	c. CITY OR TOWN (If outside corporate limits, write RUKAL and			
	3.1	4940 Easter	n Ave.		Baltim	nore	township)	
	1			Yrs.	o. STREET ADDRESS	(If rural, give location)		
	Length of s	stay in Baltimore	Life	Mos. Days	1821 E. Fay	ette St.		
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours	
_	Male	White	WIDOW	E. MARRIED, PED, DIVORCED (Specify) Single	Oct. 26, 1880	69	Months Days Hours Min.	
10 wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF	
	Prin		Print	ing Shop.	Maryland		WHAT COUNTRY	
13	FATHER'S	NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rug anop.	14. MOTHER'S MAIDEN	NAME		
		Zachariah	Parle		Annie Ken	nev		
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(Ye	Unknown)	(11 yes, give war or date	s of service)	SECURITY NO.	Records B.C. H	LOLO Easter		
	18. 297	7 /		CAUCE		1710 -25001	INTERVAL BETWEEN	
	S Z III							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES Ruptured emphysematous Bleb.							
Z	DISEASE	S OR CONDITIONS, I	F ANY GIVIN	(B)	red emphysemator	is piep.		
HON	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	E DUE TO			743-1 Page 1	
V	ONDERE	THIS CONDITION EX	151.	(C)		******		
RTIFICA								
RT	OTHER S	II SIGNIFICANT CONDI	TIONS CON				The second second	
S	TO THE D	G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	Arterioscle	rotic Heart Dise	ease		
	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20, AUTOPSY?	
¥							YES NO X	
MEDICAL		ENT WAS UNDER-		CE OF INJURY (e. g., i		(If in Baltimore City	, give exact location)	
Æ	CAUSE OF	DEATH			INDOKT GGGGKT			
2	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?		
	DF INJURY		m.	WORK NOT WHILE				
	22 I hough	or consider that 7 and		deceased from 12-	23–43 , 19, to (5-2-50	12 7 1	
	deceased a	line on 6250	enaea the	aeceasea from ===	red at 3:35 nAM ron	, 19.	, that I last saw the	
	23A. SIGNA		-, 137		Tea at 3; 3 may ron	n the causes and on	23c. DATE SIGNED	
6		(A. C	John		940 Eastern Ave		June 2.1950	
24	A. BURIAL,	CREMA- 24B. DATE Specify)	// 12	THE OT	RY OR CREMATORY 240			
	9	Specify)	0		61			
_	Burial	D BY REGISTRAR	SSIGNATU	Baltimore	Cem. No. Funeral Directo	Baltimore	ADDRESS	
	CAL REGIST	RAR	- A/1	11	2 2	1		
	111N 5-1	Shall I weller	10127111	Charles In Late	Jalann H. II	100 au 3000 F	Rolto St	



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age is especially important. Physicians: please write the causes of death clearly and legibly.

COLL

BALTIMORE CITY HEALTH DEPARTMENT

5053

0 0000	CERTIFICAT	E OF DEATH	Registered 1	No
BIRTH NO.	CERTIFICAT	L OI DEATH		
1. NAME OF DECEASED (Type or Print)	FRANK L. MABBOTT		of Jun	ne 4, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hosp HOSPITAL OR	pital or institution, give street address of location	\[f outside cornorate limit	s, write RURAL and give
INSTITUTION 2505 Garris	son Blvd.		15	-08 A township)
00	Yrs.	Baltimore D. STREET ADDRESS (1)	f rural, give location)	0011
Length of stay in Baltimore	Mos. Day:		D3 1	
5. SEX 6. COLOR OR RAC	E 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	f Under 1 Year If Under 24 Hours
male white	WIDOWED, DIVORCED (Specif	Aug. 29. 1900	last birthday) Mo	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind	of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or :		12. CITIZEN OF
work done during most of working life, even If retire Chauffeur	Taxi			WHAT COUNTRY?
13. FATHER'S NAME	1 TAXI	14. MOTHER'S MAIDEN N	VAME	
Unknown				
15. WAS DECEASED EVER IN U. S. ARM	IED FORCES? 16. SOCIAL	Unknown 17. INFORMANT	Δ	DDRESS
(Yes, oo or uoknown) (If yes, give war or de	ates of service) SECURITY NO.	Mrs. Esther E		05 Garrison Hi
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION UNDERLYING CONDITION II OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU	LEATH e of dying, e. g., leans the disease, leans t	ronary s	clerveis	onset and death
TRIBUTING TO THE DEATH, BUTO THE DISEASE OR CONDITION	ON CAUSING IT			
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	ERATION		20. AUTOPSY?
2 1A. ACCIDENT, SUICIDE.	21B. PLACE OF INJURY (e. g.	in or 21c. WHERE DID	(If in Baltimore City.	YES NO No
Z 1A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	sboot home, farm, factory, street, office bld	(,,etc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Yes	ar) (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE MORK AT WORK	E	Y OCCUR?	
22. I hereby certify that I a deceased alive on	attended the deceased from 12 19 50, and that death oce		,	, that I last saw the he date stated above
23A. SIGNATURE	L Godd M.D.	210881 Ta	ul St	23c. DATE SIGNED
24A. BURIAL. CREMA- TION, REMOVAL (Specify) Burial DATE RECEIVED BY REGISTRA LOCAL REGISTRA	24c. NAME OF CEMET Loudon Park R'S SIGNATURE		0/.1/	ADDRESS ADDRESS

25. FUNERAL PIRECTOR
26. FUNERAL PIRECTOR
27. FUNER REGISTRAR'S SIGNATURE JUN 5-1 vs 150

	THE PROPERTY OF THE PROPERTY O	

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN J. SCHROEN June 3, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5312 Winner Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. . Length of stay in Baltimore 5312 Winner Ave. Days 9. AGE (In years | M Under | Year | M Under 24 Hours | Months Days | Hours | Min. 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH male white married Nov. 2. 1875 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dame during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Owner Tavern Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Schroen Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war nr dates of service) SECURITY NO. 216-24-8243 Mrs. Elizabeth L. Schroen 5312 Winner Ave INTERVAL BETWEEN 18. ONSET AND DEATH Cerebral Remonrhoge Cerebral Rulen's - Schooling DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. 21B. PLACE OF INJURY (e.g., in nr about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE

22. I hereby certify that I attended the deceased from deceased alive on 613

23A SIGNATURE

248. DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 6/7/50

24c. NAME OF CEMETERY OF CREMATORY

Balto. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 111 5 - 185

and that death occurred at.

Balto. Md. 25. FUNERAL DIRECTOR

ADDRESS

, 1950 that I last saw the

23c. DATE SIGNED

m., from the causes and on the date stated above.

20. AUTOPSY

before admission)

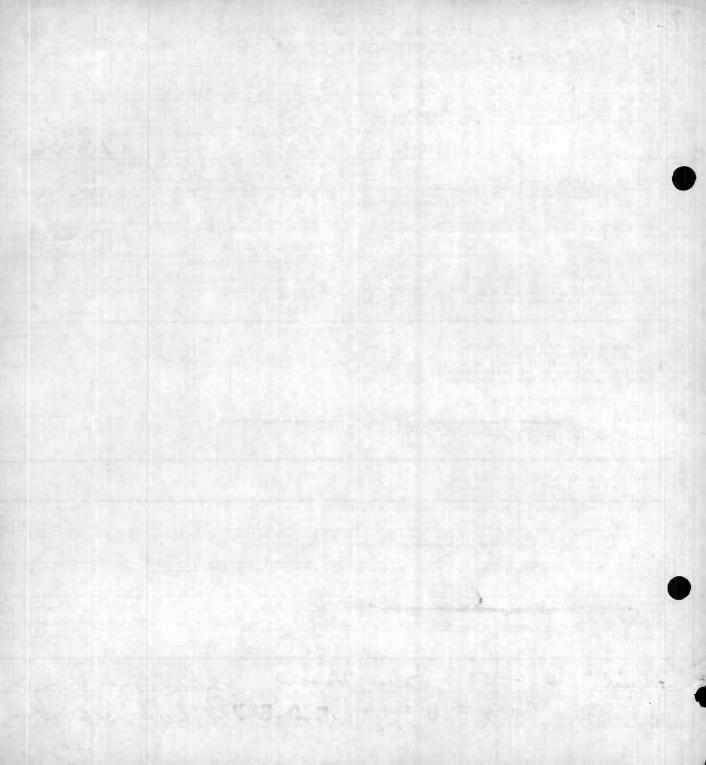
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23B. ADDRESS

4.

1	18TH NO. 50550-11428 CERTIFICAT	HEALTH DEPARTMENT TE OF DEATH Registered N	0 5055 vo.
3	NAME OF DECEASED Type or Print) Place OF DEATH: PLACE OF DEATH:	De Zaiffe 2. DATE OF 6 4. USUAL RESIDENCE (Where deceased lived, If	-4-50
B	FULL NAME OF (If not in hospital or institution, give street address of structure)	A. STATE B. COUNTY	before admission
4	Maryland General Hosp.		L5-0 Gownship
	Length of stay in Baltimore Mos. Days	s 37/6 careas	Of
	Temale 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	6-4-50 last birthday) Mo	onths Days Hours Min.
WOI	DA. USUAL OCCUPATION (Give kind of a k done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) Wayloud	12. CITIZEN OF WHAT COUNTRY
	Gebert Robert De Zaiffe	14. MOTHER'S MAIDEN NAME Two Louise Mc Leo	
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT 3412 de	DDRESS A CH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	etal atelestasio	INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	ANTECEDENT CAUSES (B)		
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,		yes No L
ME	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	.,etc.) INJURY OCCUR?	
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	22. I hereby certify that I attended the deceased from 6		that I last saw th
	deceased alive on, 19 and that death occu		ne date stated above
	Leslie Awaller M.O.	md. Jen Hop.	23c. DATE SIGNED
Z TI	AA. BURIAL, CREMA- ON. BEMOVAN (Specify) L-C-50 Lev 246. NAME OF CEMET	Haven Gitelie Figure	or county) (State)
D L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	James La M & Cully 13	ADDRESS TOST BAR
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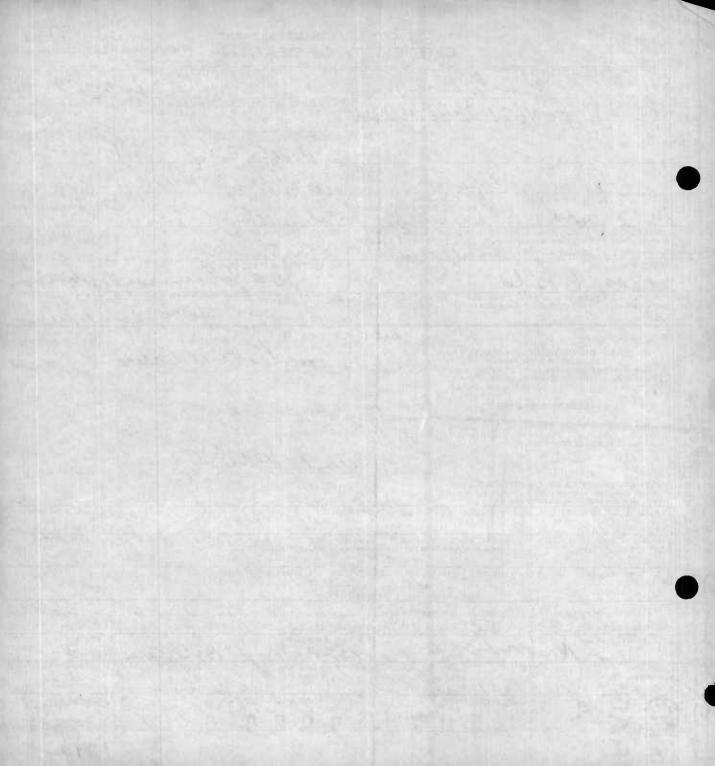
re age is especially important. Physicians: please write the causes of death clearly and legibly.



50 - 5056BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Mayyland, A. STATE B. COUNTY before admission) B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Aucaue. Length of stay in Baltimore Days 5. SEX 6. COLOR OBBRACE ! 7. SINGLE, MARRIED BIRTH 9. AGE (in years If Under 1 Year II Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. marie f2 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Business man mure a wellen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no of unknown) (If yes, give wer or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS /6 2/ (Yes no of unknown) SECURITY NO. W. reid Hill as NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH andio-vascular Rand disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ben't Rebility OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA YES 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) ebout home, farm, fectory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK __, 19___, to_ 22. I hereby certify that I attended the deceased from_ _____, 19___, that I last saw the deceased alive on_ 150 and that death occurred at_ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRES 23c. DATE SIGNED 24B. DATE 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 6.1950 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR (ADDRESS, LOCAL REGISTRAR

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KLAPHECKE 50 5057 5057 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF Paul W. Klaphecke DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md A. STATE B. COUNTY. before admission) (If not in hospital or institution, give street address or Maryland HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Bon Secours Hospital Catonsville D. STREET ADDRESS (If rural, give location) Yrs. Mog 6 Weeks Maiden Choice Lane c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) AGE (In years | M Under 1 Year | M Under 24 Hours last birthday) | Months: Days | Hours: Min. Male Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Roman Catholic Priest----Eberfeldt, Germany S. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Unobtainable Unobtainable 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Rev. G. A. Gleason, Catonsville INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Coterioselevotri Hypertensine H.D. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY WHILE AT 3, 19 50 and that death occurred at 7 pm. from 22. I hereby certify that I attended the deceased from. . 1950, that I last saw the P.m., from the causes and on the date stated above. deceased alive on 6 23c. DATE SIGNED 23A, SIGNATURE 24c. NAME OF CEMETERY OF CREMATORY | 24D. LOCATION Wity, town, or county) / 24A. BURIAL, CREMA-24B. DATE Catonsville, Md. 6/6/50 Charles College Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

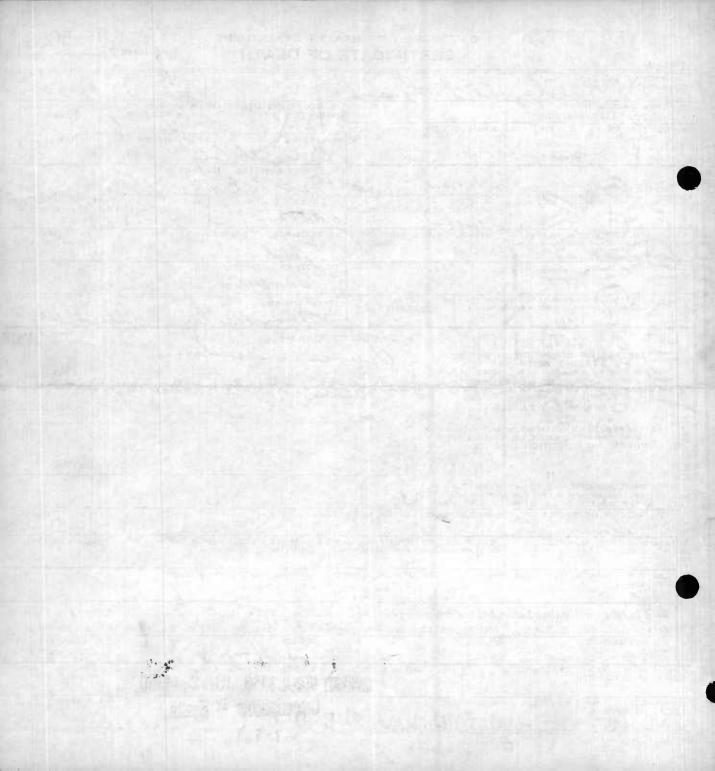
Registered No. 5058

В	BIRTH NO.							
1.	NAME OF DECEASED	1 1 //	1.1,		2. DATE			
1	GEORGE	W. H	ICKMAN		DEATH JUNE			
	. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If ins B. COUNTY	titution: residence before admission)		
	FULL NAME OF (If not in hor OSPITAL OR	spital or institution	on, give street address or location)					
	NSTITUTION .	. 01		C. CITT OR TOWN	outside corporate limits, v	vrite RURAL and give township)		
4	1913 EUT	AW Th	ACE	BALTIMORE		>		
	T 11 A 1 T T 11		Yrs. Mos.	TH	rural, give location)	C		
-	Length of stay in Baltimore		AITE Days		yette	J7:		
	Mal a Silvin		ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Munc)	der i Year H Under 24 Hours ns Days Hours Min.		
1	TALE White	Wie	LOWER	Hugust 4,1870	79			
WOR	DA. USUAL OCCUPATION (Give kink done during most of working life, even if reti	red)	OF BUSINESS OR INDUSTRY		oreign country) 12	2. CITIZEN OF WHAT COUNTRY?		
	Butchek	ME	ALS.	15ALTIMORE	5 Md.	4.S.A.		
1	B. FATHER'S NAME	1 . 1		14. MOTHER'S MAIDEN N.	AME			
_	GEORGE W. /		4 M	SARAH MOR	PAN			
1: (Y	5. WAS DECEASED EVER IN U.S. AR	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS		
	No Non	E	7	STELLAM. Hick	MAN 353 HI	ARVOELLERA		
	18. 422 2		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, e.g., (A) Chronic Myocardilio							
	heart fuilure, asthenia, etc. It injury or complication which	means the disease			ther			
	ANTECEDENT CAUSES							
z	ANTECEDENT	USES	(B)					
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					***************************************		
A	UNDERLYING CONDITION	LAST.	E 502 10					
ERTIFICATION	11	UDIELOUG -	(C)		***************************************			
SE FE	OTHER SIGNIFICANT COL TRIBUTING TO THE DEATH, E	UT NOT RELATE	D					
	19A. DATE OF OPERATION		FINDINGS OF OPER	RATION	***************************************	20. AUTOPSY?		
4						YES NO		
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		CE OF INJURY (e. g., i	n or 21c. WHERE DID (1 etc.) INJURY OCCUR?	If in Baltimore City, give	e exact location)		
NE NE								
	21D. TIME (Month) (Day) (You of INJURY	ar) (Hour) 2	TE. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?			
		m. W	WORK NOT WHILE					
	22. I hereby certify that I	attended the	deceased from N	cay 3/ , 1950, to	lune 4 , 1950,	that I last saw the		
deceased alive on way 11, 1950, and that death occurred at 2:30 1 m., from the causes and on the da								
	23A. SIGNATURE		23c. DATE SIGNED					
	M.	1. Guller	man M.D.	2324 Reislerd	own Rd	June 4, 1950		
	4A. BURIAL. CREMA. 24B. DAT ON REMOVAL (Specify)	E 2	4c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)		
	BURIAL DUNE	- 1950	Loydon.	PARK BA	PLTIMORE	MARYLAND		
	ATE RECEIVED BY REGISTR	AR'S SIGNATUL	RE	25. FUNERAL DIRECTOR	A	DDRESS		
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		51	0 5059	BALT	IMORE CITY HI	EALTH DEPARTMENT	N	50 5	059
			0000			E OF DEATH	Registere		000
		NAME OF D	ECEASED 0 1		1 0	1 -312 - 11 - 17 - 18 - 1	2. DATE		
		'ype or Print)	Elen	sheth	Levis			31.5	6
	3.	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE	Where deceased lived B. COUNTY		residence re admission)
	В.	FULL NAME		al or institution	give street address or	md	Homas	1	
		SPITAL OR	Uni.	1400.	location)	C. CITY OF TOWN	f outside corporate li	Mits, write RUF	RAL and give township)
oly.	3	Y	-him.	7	Yrs,	D. STREET ADDRESS (1)	rufalogive location)	6200	
legibly		Length of s	tay in Baltimore	unknow	. Won	There last	RD.		
and l		SEX	6. COLOR OR RACE	7. SINGLE,	MARRIED.	8. DATE OF BIRTH	9. AGE (In years	it Under 1 Year	Il Under 24 Hours
		F	C	SING	D, DIVORCED (Specify)	UNKNOWN	42	Months Days	Hours Min.
clearly			CUPATION (Give kind of of working life, even if retired)	108. KIND C	F BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZE	N OF COUNTRY?
	1	Housen	when			MI		11.5	0001111111
death	13	FATHER'S	INITAGA			14. MOTHER'S MAIDEN N	IAME		
	15		D EVER IN U. S. ARME	n concres 1	IS SOCIAL	UNICNOWN			
es of	(You	s, no or unknown)	(If yee, give war or date	os of service)	SECURITY NO.	17. INFORMANT	ele c	elluth	alg
causes		18.	11 V		CAUSE	OF DEATH,	V		AL SETWEEN
the c		DISEAS	E OR CONDITION		the	mie (aces	love	ONSET	AND DEATH
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
write	injury or complication which caused death.) DUE TO Chronic Maghinesillions								
			ANTECEDENT CAU	SES	Unit Fig. 1	. 0			
please	ō	O DISEASES OR CONDITIONS, IF ANY, GIVING				*****************************		******************	
3: F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
ians	F				(C)		***************************************		
Physicians:	RT		II SIGNIFICANT COND						
Phy	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						····		***********
	ابا	19A, DATE C	F OPERATION O	198. MAJOR F	INDINGS OF OPER	RATION			UTOPSY?
tan	S	21A. ACCIDE	ENT, SUICIDE,		E OF INJURY (e. g.,		If in Baltimore Cit	y, give exact le	ocation)
important.	B	HOMICIDE	(Specify)	about home, farr	n,factory,street,office bldg.,	etc.) INJURY OCCUR?			
	Σ	21b. TIME ((Month) (Day) (Year	(Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
ally				m. w	ORK NOT WHILE		144		
ecis	22. I hereby certify that I attended the deceased from 5 2 4, 1950, to 5 - 3/, 1950, that I last saw the deceased alive on 5 3/, 1950, and that death occurred at 3 5 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED								
especia		deceased at	live on 5 · 3/	_, 195° ar	ed that death occu	rred at 3 5°Am., from	the causes and or	n the date sto	ated above.
18			Sunh	2		Unin- Home		5-/-	TE SIGNED
age	24	A BURIAL O	CREMA- 248 DATE	24	M. D. C. NAME OF CEMETE		OCATION (City, to		(State)
23	TIC	ON, REMOVAL (S	Specify)		UNIV	ERSTY MEDICAL SCHOOL JU	N 2 1950	19.0	
corre		ATE RECEIVE		'S SIGNATUR	E.	25. CHARLETON	Heelth	ADDRESS	
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BALTIMORE CITY HEALTH DEPARTMENT

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В	RTH NO.			CERTIFICATI	E OF DEATH	Registered N	0
	NAME OF DEC		a Mae]	Leatherbury		2. DATE OF DEATH June	4.1950
Α.	PLACE OF DEA Baltimore Ci	ty, Maryland 7		ulan Rood,	4. USUAL RESIDENCE A. STATE MO.		
	OSPITAL OR ISTITUTION			location)	c. CITY OR TOWN Baltimore	(If outside corporate limits	write RURAL and give township
		ıy in Baltimore	28 y	Yrs. Mos. Days	D. STREET ADDRESS (713 Hollen Ros		
5,	female 6	white	7. SINGLE WIDOW Marr	E, MARRIED. (ED, DIVORCED (Specify) LOC	B. DATE OF BIRTH June 19, 1910	1 1 1 - AT 3 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Under 1 Year H Under 24 Hours Min
worl	A. USUAL OCC done during most of HOUS CWIF	UPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	Vineland, No.		12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NA David C		1		14. MOTHER'S MAIDEN Ida May Danie		
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Thomas B. I		Hollen Rd.
ERTIFICATION	DISEASES RISE TO TH UNDERLYI	not mean the mode of asthenia, etc. It measuremplication which of the complication which of the complication which of the complication which of the complication of th	ns the diseas aused death SES FANY, GIVIN STATING THE ST.	, (B)	y parter sion		75
O		TO THE DEATH, BUT EASE OR CONDITION OPERATION 1	CAUSING 1		ATION		20. AUTOPSY?
MEDICAL		IT, SUICIDE, (Specify) Ionth) (Day) (Year)	about home, f	CE OF INJURY (e.g., iderm, factory, etreet, office bidg., e	ED 21F. HOW DID INJU	(If in Baltimore City, g	YES NO Live exact location)
	22. I hereby deceased alia 23A. SIGNATO	ve on 6-4	ended the	deceased from	7. 195-yto red at 7320 p.m., from 38. ADDRESS 11 E. Chase St.	the causes and on th	Ahat I last saw the date stated above 23c. DATE SIGNED 6.5-5-5
	AA. BURIAL, CR ON REMOVAL (Spe Burial			24c. NAME OF CEMETE Siloam	RY OR CREMATORY 24D.	LOCATION (City, town, one land, N. J.	or county) (State)
	ATE RECEIVED DCAL REGISTR JN 6 - 195		s signatu	White week , Marie of	25. FUNERAL DIRECTOR	1 0	ADDRESS taw Place

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t age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5063

BIRTH NO. CERTIFICATE OF DE	ATH Registered No.
1. NAME OF DECEASED MARY THOMAS CAREY	2. DATE OF JUNE 5, 1950
A. Baltimore City, Maryland	ESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 7770 N. CHARLES ST.	township)
Yrs. D. STREET A	ADDRESS (If rural, give location)
Length of stay in Baltimore Mos. Days 222	0 14 0 11 11 11 12 2 3 3 1 1
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) JAN. I	9. AGE (In years of Under I Year of Under 24 Hours of Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLA work done during most of working life even if rational	ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	S MAIDEN NAME
TE WAS DESCRIPTION OF THE PROPERTY OF THE PROP	IRTHA LEIPER
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMA MISS	HELEN CAREY SAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	e Stert Failure 6-8 hrs detie
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOVE WHILE AT NOT WHILE	SANDO ANDRA OCCUR?
22. I hereby certify that I attended the deceased from	1930 to June S, 1900, that I last saw the
deceased alive on the 5, 1950, and that death occurred at 2?	Am., from the causes and on the date stated above.
23A. SIGNATURE 23B. ADDRESS 4. D. 1463	Park one 6-5-50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMA-	TORY 24D. LOCATION (City, town, or county) (State)
	L DIRECTOR ADDRESSA 905
JUN 6-1350 Churchy Jose / Hollandes, April + Him!	JENKINS & JONS CO. YORK RD

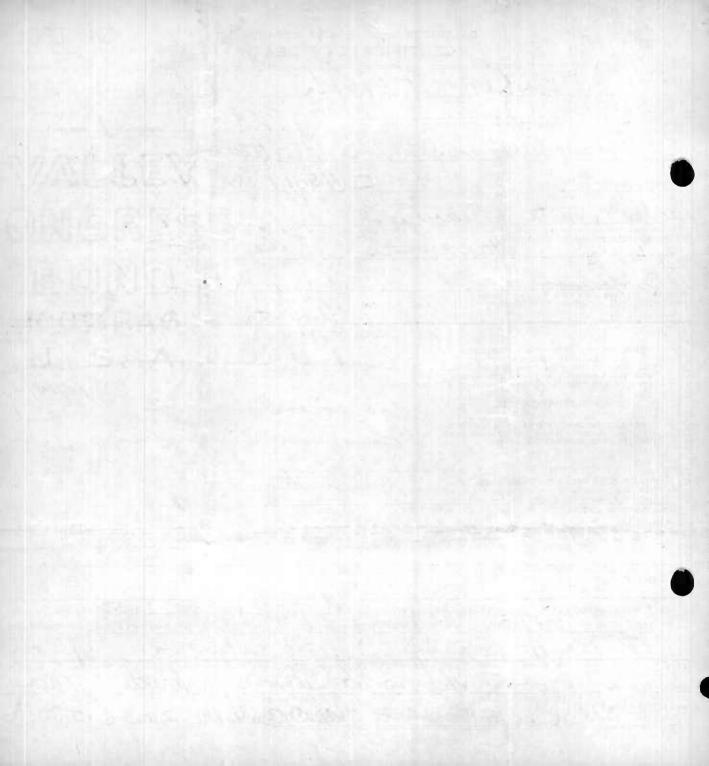
age is especially importante. Importants, prease with the causes of team treatly and regardly

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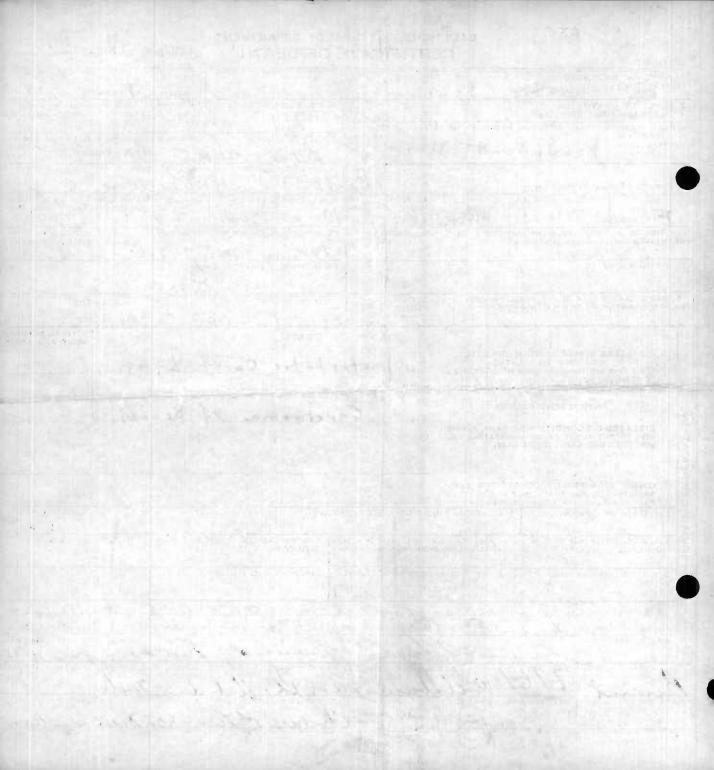
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5064

В	IRTH NO.	L OI BEATTI
	NAME OF DECEASED PHILIP PER	16 2. DATE OF DEATH 6-5-50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITTOR TOWN (If outside corporate limits, write RURAL and give
11	HSOI Park Heights ave	Haltimore 27-16 township)
	Length of stay in Baltimore Yrs. Mos. Mos.	D. STREET ADDRESS (If rural, tiple location)
5	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (1/2 years if Under ! Year Months Days Hours Min.
10 wor	OA. USUAL OCCUPATION (Give kind of LOBAKIND OF BUSINESS OR INDUSTRY	11. BIRTHOLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	Musia
	Weller Shame	14 MOTHER'S MAIDEN NAME
1: (Y)	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 3. no or unknown) (Uyos, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1) yes, give war ar dates of service) SECURITY NO.	Elizabeth Peril Jame
		OF DEATH ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	hoal hemosphoge Belower
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	10/14/11
	ANTECEDENT CAUSES	en arelevoris E
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING	and
IU	UNDERLYING CONDITION LAST.	many insufficient 6/5/50
TIF	11	
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	abetes
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
U	21a. ACCIDENT. SUICIDE. 21b. PLACE OF INJURY (e.g., it HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	
MEDI		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
	m. work AT WORK 22. I hereby certify that I attended the deceased from	about to 1030 has I last own the
	deceased alive on 6/1/5019 and that death occur	rred at 6 m., from the causes and on the date stated above.
	23A. SIGNATURE aut Sterry M.D.	23B. ADDRESS Entaw Pl. 23c. DATE SIGNED.
2 TI	AA BURIAL, CREMA 248. DATE 24C NAME OF CEMETE ON, REMOVAL (Specify) 6-6-50 February	Talto MC
D L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	AS FUNERAL DIRECTOR ME 2100 Outan Pl
	VS 150	
11	158	72



SENION BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Katie Senior DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION au ident MORE Yrs. D. STREET ADDRESS_ (If rural, give location) Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years) H Under 1 Year last birthday) Months: Days WIDOWED, DIVORCED (Specify) Hours Min. ARRIPO 10A. USUAL OCCUPATION (Give kied of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or anknowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or Ankoowo) SECURITY NO. causes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH metastatic Ca of (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT important. NO P (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., io or HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE AT WORK WORK 6 - 3. 19 Schat I last saw the 1950 to 22. I hereby certify that I attended the deceased from_ deceased alive on 6 - 3, 1950, and that death occurred at 44's m., from the causes and on the date stated above. 23c, DATE SIGNED 23A. SIGNATURE 24A BURIAL, CREMA-24D. LOCATION (City, town, or county) 248. DATE Julian. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAS VS 150



VS 150

REGISTRAR'S SIGNA

DATE RECEIVED BY

25. FONERAL DIRECTO

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Physicians:

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5068 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 1400 A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution : residence before admission) B. FULL NAME OF (If not in hospital or institution, eve street address or HOSPITAL OR location) (If outside corporate lin its, write RURAL and give c. CITY OR TOWN alternore (If fural, give location) D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore Leunglow Days 9. AGE (1n years | fl Under I Year | fl Under 24 Hours | Months: Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Single 25 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 12, CITIZEN OF WHAT COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) / If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH 260 X Viabetes Melleter DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from January, 1950, to June 4, 1950, that I last saw the deceased alive on Jone 2, 1950, and that death occurred at 11. Ha, m., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL CREMA-

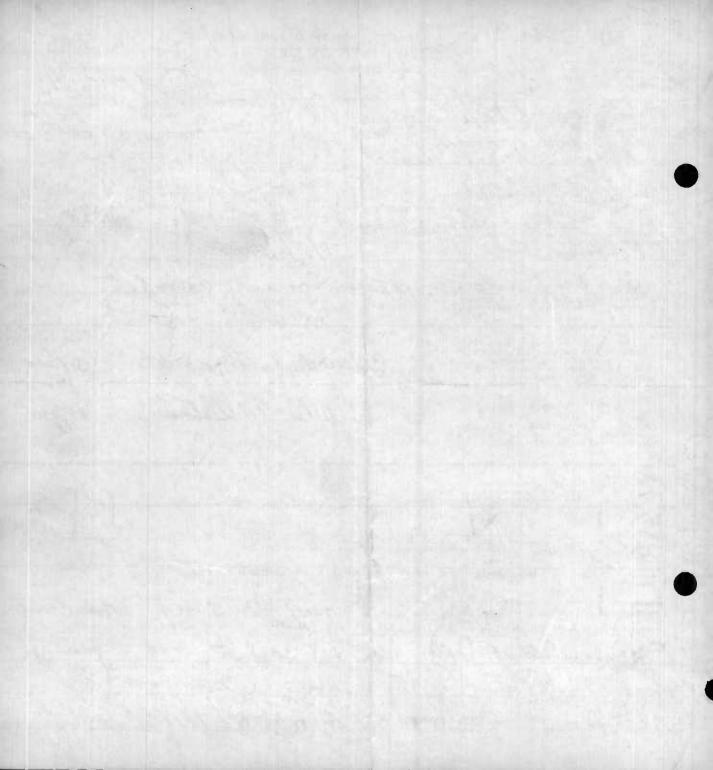
UN 6 - 1950 Vs 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

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ADDRESS



1	634	550 5	1069 BALTIMORE CITY H	EALTH DEPARTMENT		
1	REA- 1 BIRTH NO.	32634	BALTIMORE CITY I	E OF DEATH	Registered	5069
	I. NAME OF (Type or Print)		arco (Maartellotta)		2. DATE. OF DEATH June	4, 1950
	3. PLACE OF Baltimore	DEATH: City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If in B. COUNTY	stitution: residence before admission)
	R FILL NAM	F OF (If not in hosy	oital or institution, give street address of	Maryland		
	INSTITUTION	Baltimore Ci		C. CITT ON TOWN	outside corporate limits,	
· .	31	4940 Eastern	n Avenue	Baltimore	0-0	township)
and legibly			Yrs. Mos.	D. STREET ADDRESS (If		
le	Length of 5. SEX	stay in Baltimore	8 yrs. Mos. Days			
anc			WIDOWED, DIVORCED (Specify		last birthday) Mont	nder I Year If Under 24 Hours the Days Hours: Min.
- 11	Female	White	Married	Sept. 30, 1917	32	
clearly	ork done during mo	CCUPATION (Give kind stof working file, even if retire	of 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
ĭ ([House	wy	161 Home	Kentucky		
death	13. FATHER'S			14. MOTHER'S MAIDEN N	AME	
ge			ian (Greene)	Cordelia K	itchen	
- 11	15. WAS DECEA (Yes, no or unknow)	(If yes, give war or de	ED FORCES? 16. SOCIAL SECURITY NO.	Records: 4040 Es	ore City Hospi	press tal
causes	18. 00	2X	CAUSE	OF DEATH	to voi ii iii ciido	ILLA LEWANT DELMEEN
	DISE	ASE OR CONDITION	DIRECTLY			ONSET AND DEATH
rue	(This do	LEADING TO DE		ulmonary Tuberculo	osis	
write	heart fai	lure, asthenia, etc. It m	eans the discase,	***************************************	•••••••••••••••••••••••••••••••••••••••	***************************************
		ANTECEDENT CAL				
piease	DISEAS	ES OR CONDITIONS,	(B)		•••••••	***
bie	RISE TO	THE ABOVE CAUSE (A) STATING THE OUE TO			
rnysicians:	V ONDER!	LINING CONDITION	(C)	······································	***************************************	
12	<u> </u>	11				
316		SIGNIFICANT CON				
		NG TO THE DEATH, BU				
	. 19A. DATE	OF OPERATION	19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
111	Ā	2				YES X NO
≾. II.		DENT WAS UNDER- OR CONTRIBUTING DEATH			If in Baltimore City, giv	ve exact location)
	21D. TIME	(Month) (Day) (Yea	r) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
ally	OF INJURY	Y	m. WHILE AT NOT WHILI			over
Cla	22 7 2				6-4 19 50	
beci	deceased	_ A	ttended the deceased from 1, 19,59, and that death occu	, /,	, 10,	that I last saw the
S S	23A. SIGN.	1		238. ADDRESS	ne causes and on the	23c. DATE SIGNED
SI		(15.		4940 Eastern Avenu	ie	6-5-50
S S	24A BURIAL	CREMA- 248 DATE	4	ERY OR CREMATORY PAG. L	OCATION (City, town, e	r-county) (State)
2	STANGE !	(Specity)	571 staled f	(d) comes (Pallemon	0 1111
	DATE RECEIV	ED BY REGISTRAL	R'S SIGNATURE!	25. FUNERAL DIRECTOR		ADDRESS
3	LOGAL REGIS		the Town / You well, Mills	The Contact of	214 STITE	. Oxt
	3311		3 0 0	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	XI OT VIN	19
	VS 150		काहुत , ह , अराभर क्षाप्रकार सम	VALUE OF SALE		120
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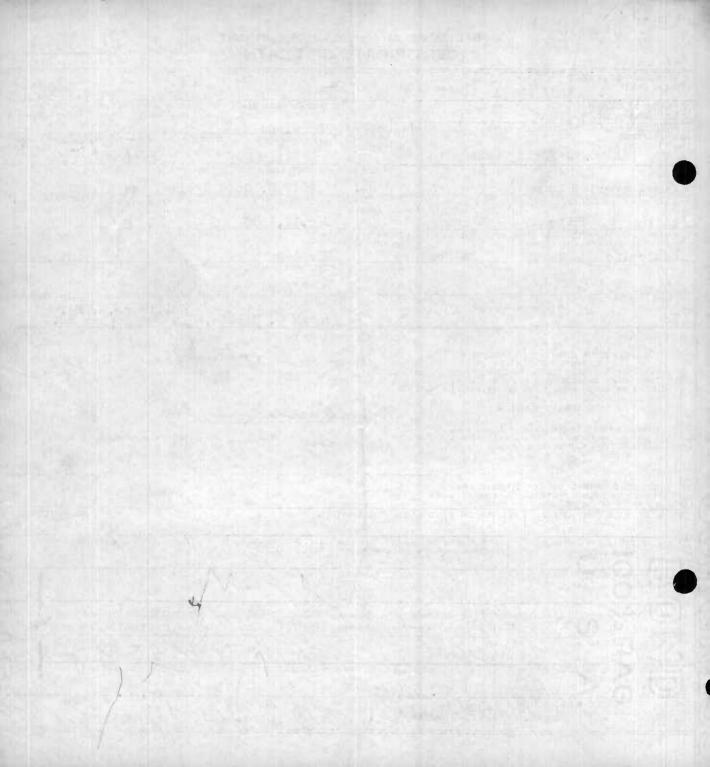
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50 5070

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5070

BI	BIRTH NO.						
	NAME OF D ype or Print)	ELLA NO	DRA CO	RNELIUS		2. DATE OF DEATH J	une 3,1950
	PLACE OF D Baltimore (City, Maryland			4. USUAL RESIDENCE (Where deceased lived. B. COUNTY	If institution : residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	Maryland		
	SPITAL OR	7 7 7 7 7		location)	c. CITY OR TOWN	f outside corporate lin	nts, write RERAL and give township)
	00 261	7 Cold Spring	g Lane		Baltimore	14	
				Yrs. Mos.	D. STREET ADDRESS (1		
-	Length of s	tay in Baltimore		Days	2617 W. Cold		
-		6. COLOR OR RACE	WIDOW	E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	f Under Year If Under 24 Hours Min.
-	emale	White	Wid		Mar.17,1869	81	
work	done during most	CUPATION (Give kind of of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (State or	ioreign country)	12. CITIZEN OF WHAT COUNTRY?
12	Housewif		At	Home	Maryland		
13					14. MOTHER'S MAIDEN		
1.5	Thomas W				Elnora Brow	n	
(Yes	s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Baltimor	ADDRESS
-	No				George H. Wilki	e,3613 Bucki	ngham Rd.
	18. 44	vx.			OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY						
	(A)						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Jypurtumin - Cardin - (B) Lypurtumin - Cardin - (B) Lypurtumin - Cardin - (Cardin - (D) Lypurtumin - Cardin - (D) Lypurtumin - (D						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						
TION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						~
CA	UNDERL	YING CONDITION LA	AST.	Varia			
H		11		(C)			
ERTIFICA		SIGNIFICANT COND					
CE		G TD THE DEATH, BUT DISEASE OR CONDITION					
1	19a. DATE C	OF OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	PATION		20. AUTOPSY?
S	Oli ACCIDI	ENT CHICIDE	1 210 01 /	ACE OF INTURY (a.e.)	n or 21c. WHERE DID	(If in Baltimore City	YES ND W
EDICAL	HOMICHDE	(Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., s		on m bandhore only	, give exact location)
è	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
	DE INJURY		m.	WHILE AT NOT WHILE			
	22. I hereh	y certify that I att			man 1950 to -	3 June 19	D that I last saw the
				and that death occur			the date stated above.
23	23A. SIGNA		00/		38 ADDRESS	^	23c DATE SIGNED
	this	ma C.	Will.	ster M.D.		Paul ST.	
	AA. BURIAL.			24c. NAME OF CEMETE	RY DR CREMATORY 24D.	LOCATION (City, tow	n, cr county) (State)
	urial	6/7/50		Mt. Olivet		Baltimore Md	•
	ATE RECEIVE	DAD	S SIGNATI	PELLEN DALK	25. FUNERAL DIRECTOR	10 /	ADDRESS
LOGAN REGISTRAR O Thurtugter Millians Malliant Son July 12							SToul X
	VS 150	A)	many (EV J MENTINE BOLLOW STATE			1010
							121a



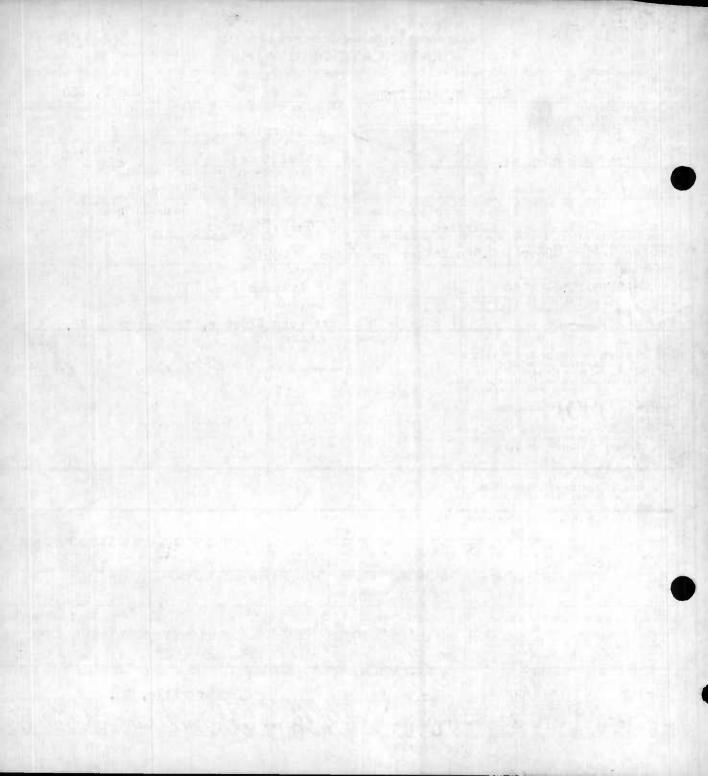
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BAL	CERTIFICATI	E OF DEATH	Registered No	20/1
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) DALE W.	SLOWTER		of June 5	,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION	n, give street address or location)	Maryland	If outside corporate limits,	
222 East 20th St.		Baltimore	16.	-04
	Yrs. Mos.	D. STREET ADDRESS (I		
5. SEX 6. COLOR OR RACE 7. SINGLE.	Days	8. DATE OF BIRTH	20th Street 9. AGE (In years) Ur	der 1 Yest Under 24 Hours
	D, DIVORCED (Specify)		last birthday) Mont	hs Days Houra Min.
Male White Marri 10A. USUAL OCCUPATION (Givekindof) 10B. KIND		Sept. 26, 1896	foreign count to	CITITEN OF
work doos during most of working life, even if retired) ASSEMBLET Window Boor T. Dan	of Business or INDUSTRY L olker Lumber		Toreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
(Unknown) Slowter		Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
No	291-07-7273	Mrs Jean Slowte	r.222 East 20t	h St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON-	DUE TO	Cerongoy	ectusion	12 hom
OTHER SIGNIFICANT CONDITIONS CON-				
19A. DATE OF OPERATION . 1 19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, far	CE OF INJURY (e. g., i rm,factory,street, office bldg.,	n or 21C. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, giv	re exact location)
OF INJURY	TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
22. I hereby certify that I attended the d	leceased from	6-4 , 1950 to	6-4-19-3	that I last saw th
deceased alive on 6-4 , 1950 a	nd that death occur	rred at 11348 pm., from	the causes and on the	
23A. SIGNATURE, Plynn,	и. Э. м.о.	11 C. Char	- 82	6.5.50
24A. BURIAL, CREMA- 24B. DATE 2.	4c. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town, o	r county) (State)
Burial 6/8/50	Parkwood		Parkville. Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATUR		25 MINERAL DIRECTOR	Doc 12148	Toul St

VS 150

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age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

50 5072

BI	RTH NO. CERTIFICAT	E OF DEATH Registered No.					
-	NAME_OF_DECEASED	2. DATE					
(T	ype or Print) John H. hawis	DEATH WW.S	25.145				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased live). If inst	itution : residence before admissio				
	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location	. []					
IN	ISTITUTION MErcy Hospital	C. CITY OR TOWN (If outside corporate limits, w	townshi				
	5	13altimore 10-	0 4				
	Length of stay in Baltimore 22 Mrs.	D. STREET ADDRESS (If rural, give location)	54.				
_	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years Unde	er 1 Year If Under 24 Hou				
1	Male White Widows of	Szat. 25 1870 79 Months	s Days Hours Mi				
	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR done during most of working life, even if retired)		CITIZEN OF				
WOL	a done during most of working life, even if retired) INDUSTR'	Ohio	WHAT COUNTR				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2011				
	John H. hrwis	? Osmon					
15 (Ye	was deceased ever in U. s. armed forces? 16. Social s. no or nuknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDI	RESS				
(unknown	Mrs. Aliez Cutter, Oden	ton Md.				
	18. 443 X , CAUSE	OF DEATH	INTERVAL BETWE				
	DISEASE OR CONDITION DIRECTLY		- 1				
	(This does not mean the mode of dying, e.g., (A)	Tr Good as Cellor Decident	1800				
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	일하면 보고 있었는데 얼마를 내려면 그렇게					
-	ANTECEDENT CAUSES	Attrios electiones enlar					
ō	DISEASES OR CONDITIONS, IF ANY, GIVING	N 1 : 0 : 0 : D:					
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	19+12mos echope Disse	12				
FICA			10 yrs				
E	(c)						
RTI	OTHER SIGNIFICANT CONDITIONS CON-						
H	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
,	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?				
AL			YES NO				
S	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (c. 5.,		exact location)				
	HOMICIDE (Specify) about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?					
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F, HOW DID INJURY OCCUR?					
	OF INJURY WHILE AT NOT WHILE						
	m. WORK AT WORK						
	22. Lhereby certify that I attended the deceased from Mo	- 18 , 1950 to tene 5 , 1959					
	deceased alive on there 5, 19 50, and that death occu	red at 6:11 th m., from the causes and on the	date stated abou				
		23B. ADDRESS	9c. PATE SIGNE				
	Moleur, Sud M. D.	Marcy Herrich	0/5/80				
2.	24A BURIAN CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City two, or county) (State						
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\$	BIRTH NO. 50 5073 BALTIMORE CITY HE CERTIFICATI		
	1. NAME OF DECEASED William Lun	W. M. D. 2. DATE OF JUN 5 - 1950	
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived, If institution; residen	
	HOSPITAL OR INSTITUTION JUNS HOPKINS HOSPITAL	C. CITY OR TOWN (if outside corporate limits, write RURAL an	d give
ingain	Yrs. Mos. Days	2032 Delmont 84 71. 4	Y.
alia	5. SEX 6. COLOB OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year House 2 Hous	4 Hours Min.
a learly	70A. USUAL OCCUPATION (Give kind of ork done during most 6 working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY.	BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUN	ITRY?
learn -	13. FATHER'S NAME	12 MOTHER'S MAIDEN NAME	
10 6	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	IP. INFORMANT ADDRESS	
te tile caus	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	of DEATH Sthetic State	
Picase mil	Injury or complication which caused death.) ANTECEDENT CAUSES (B)	CERTIFICATION APPROVED BY FOR D. D. by Wisher M.D.	
orieno Arion	(C)	CHIEF OR ASST, MEDICAL EXAMINER	(10)
T II Y S	TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		,
ALIE.		sis wen YES N	. 8
MEDI	CAUSE OF DEATH Hospital	Johns Hopkins HospitalBroadway & M	lonu
any	June 5, 1950 4:00 P 2 WHILE AT NOT WHILE AT WORK	VI Ingestion of sea correspondthen enough	eti
cabec	dcccased alive on 19. 19. 0. and that death occur	red at v m., from the causes and on the date stated a	
20 -	23A. SIGNATURE 24A. BURIAL. CREMA- 24B. DAYE 24A. BURIAL. CREMA- 24B. DAYE 24A. BURIAL. CREMA- 24B. DAYE 24B. DAYE 24B. DAYE 24B. DAYE		
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11	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 EUNERAL DIRECTION ADORESS ADORESS	7

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ARDINER BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ames DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Unver D. STREET ADDRESS (If rural, give location Yrs. Mos. . Length of stay in Baltimore Days 5. SEX and 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED It Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORGED (Specify 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF clearl work done during most of working life, even if retired) WHAT COUNTR abohen 13, FATHER, S, NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no pr unhnown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or HOMICIDE about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from 5 - /-1958, to 6 - 3 - 1950 that I last saw the deceased alive on 6 - 3 - 19 50, and that death occurred at 74 238 ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-DON, REMOVAL (Specify) 24B. DATE DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAD VS 150

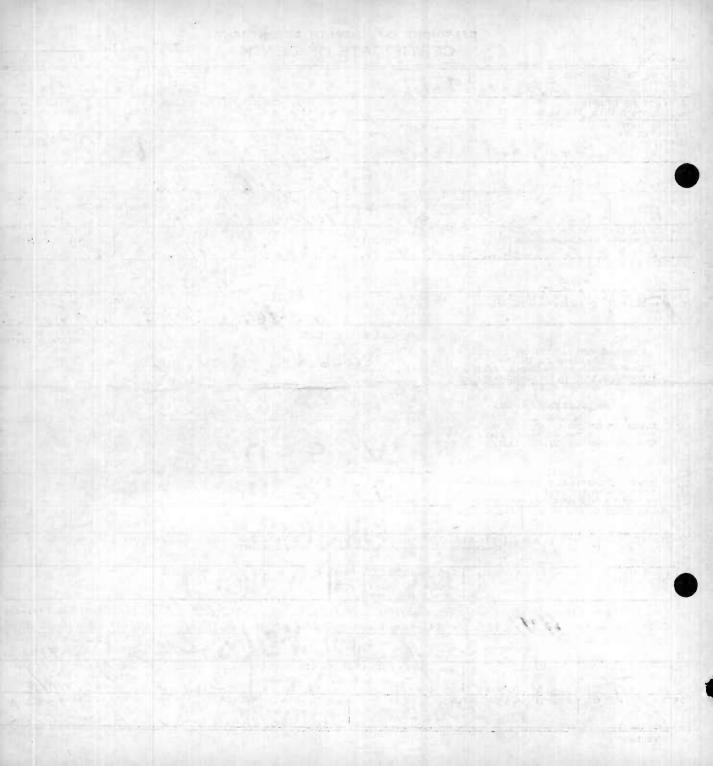
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BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	N. A
1. NAME OF DECEASED (Type or Print)	Toles		2. DATE OF DEATH	2 4,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		stitution : residence before ndmlesion)
	stitution, give street address or location)		15.00	
institution Provident		Balto.	outside corporate limits, v	township)
	Yrs. Mos.	DAD D.	rural, give location)	
5. SEX 6. COLOR OR RACE 7. SI	Days NGLE, MARRIED,	102/3h/C.6		dez il Year If Under 24 Hours
	DOWED, DIVORCED (Specify)		last birthday) Month	hs Dnys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 12	2. CITIZEN OF
DOMESTIC L	avs Wohl	Balto.	Md. 1	L.S.O.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	O A / L1	
10/05 JOIES		MO//10/1	NuTT	
(Yes, no or unknown) (If yes, give wer or dates of servi	(ce) 16. SOCIAL SECURITY NO.	17 INFORMANT	> /a ADD	PRESS 12/5
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18. 260 X		OF DEATH		ONSET AND DEATH
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(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	disease,			
injury or complication which caused	death.) DUE TO			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI	GIVING			
UNDERLYING CONDITION LAST.				
U L II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R	_(C)			
OTHER SIGNIFICANT CONDITIONS				
U TO THE DISEASE OR CONDITION CAUS	ING IT.	mia.		
198. MA	JOR FINDINGS OF OPER	RATION		YES NO P
21A. ACCIDENT, SUICIDE. 21E	. PLACE OF INJURY (e. g., i		f in Baltimore City, give	
Ш	home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
OF INJURY	m. WHILE AT NOT WHILE		,	
22. I hereby certify that Lattended	the deceased from	6/1/30, 19 , to 6/	14/10,19	that I last saw the
	and that death occur		he causes and on the	date stated above.
23A. SIGNATURE	-// /	238. ADDRESS	22d- 1	23c. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE	24g. NAME OF CEMETE	RYOR CREMATORY 24Dale	GCATION (City, town or	county (State)
TOT, REMOVAL (Specify)	2 9/14 //11	Poste Com 13	della	4111
DATE RECEIVED BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR	A A	DDRESS 32 2 N
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Tage is especially important. Physicians: please write the causes of death clearly and legibly.

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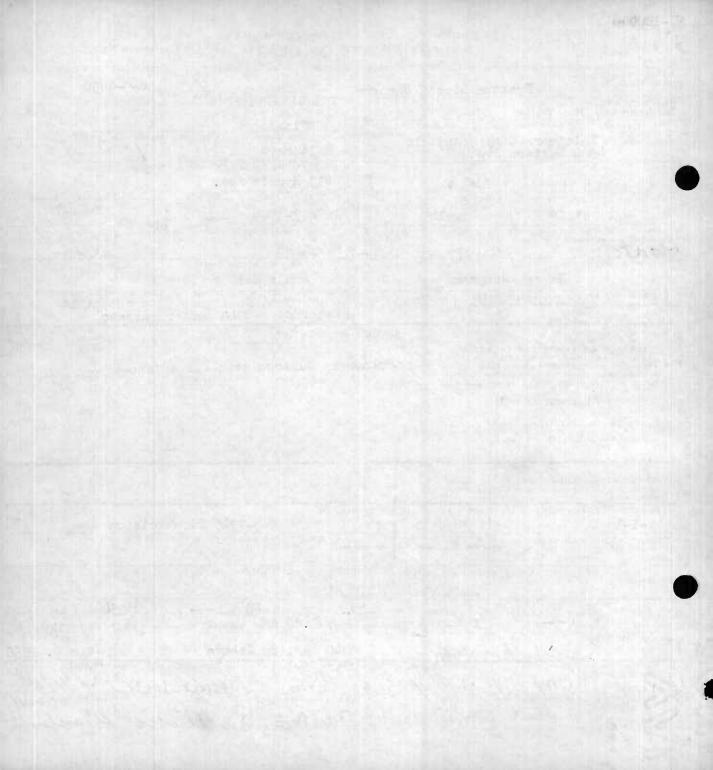
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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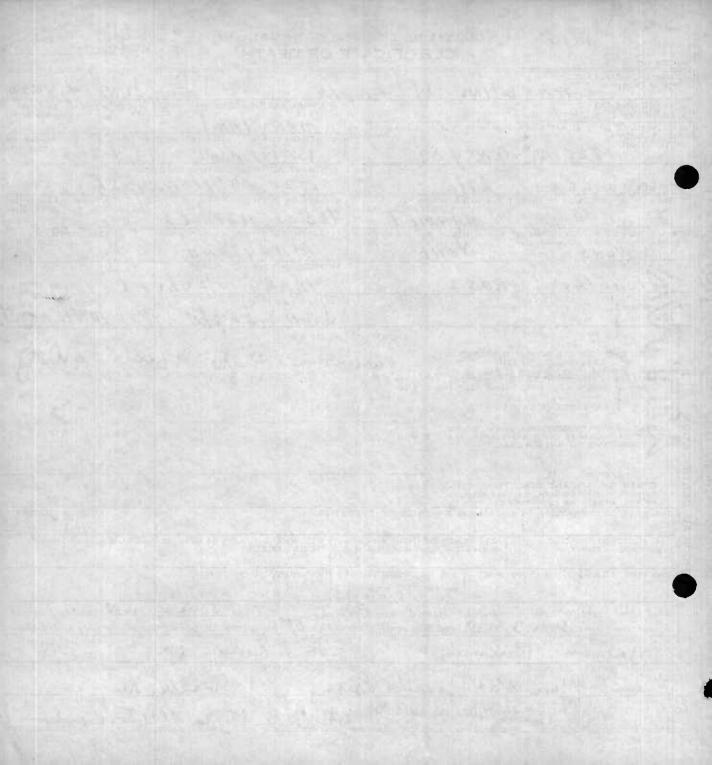
BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	IDA MAY MUIR		OF June 4, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	re deceased lived. If institution; residence B. COUNTY before admission
B. FULL NAME OF (If not in hosp	oital or institution, give street address or		
HOSPITAL OR INSTITUTION 302 Southw	ay location	C. CITT CK TOWN (M CAT	tside corporate limits, write RURAL and gir township
		Baltimore	10
	Yrs. Mos.	D. STREET ADDRESS (If rur	al, give location)
Length of stay in Baltimore	Days		
5. SEX 6. COLOR OR RAC	E 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9	last birthday) Months Days Hours Min
female white	widowed	Sept. 14, 1869	80
10A. USUAL OCCUPATION (Give kind	of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign	
work done during most of working life, even if retire NONG	d) INDUSTRY		WHAT COUNTRY
13. FATHER'S NAME		Virginia	
		14. MOTHER'S MAIDEN NAM	E
Clarence E. Be	nnett	Siotha Whitlock	
15. WAS DECEASED EVER IN U.S. ARM		17. INFORMANT	ADDRESS
(Yes, no or nnknown) (If yes, give war or de	SECURITY NO.	Mr. James I. Mu:	
18. 331X	CAUSE	OF DEATH	INTERVAL BETWEE
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(This does not mean the mode	of dving, e.g.,	MALL VINCLUM	accelled milyuka
heart failure, asthenia, etc. It m	eans the disease.		
injury or complication which	caused death.) DUE TO	. 0	
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UNDERLYING CONDITION	LAST.	1.0-	
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11	(C)C AAAAAAA		
OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATED		
194. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
4		PAT SHIP TO SALES	YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in	n Baltimore City, give exact location)
HOMICIDE (Specify)	about home, farm, factory, street, office hldg.,	etc.) INJURY OCCUR?	
Σ			
21D. TIME (Month) (Day) (Yes		A	ICCUR?
	m. WHILE AT NOT WHILE		
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22. I hereby certify that I a		Stant 01 7-1, 10	
deceased alive on	, 1930, and that death occu		causes and on the date stated abov
29A SIGNATURE	arrient M.D.	3900 alamela	That 230 DITE GENER
24A. BURIAL, CREMA- 24B. DATE	A40 NAME OF CEMETE		ATION (City, town, or county) (State)
TION, REMOREMOVET 6/7/	Arlington 1	Vational Arling	ton, Va.
DATE RECEIVED BY REGISTRA	R'S SIGNATURE	25/FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	water Williams, Mills	The Stoke	er & Ams Ballo
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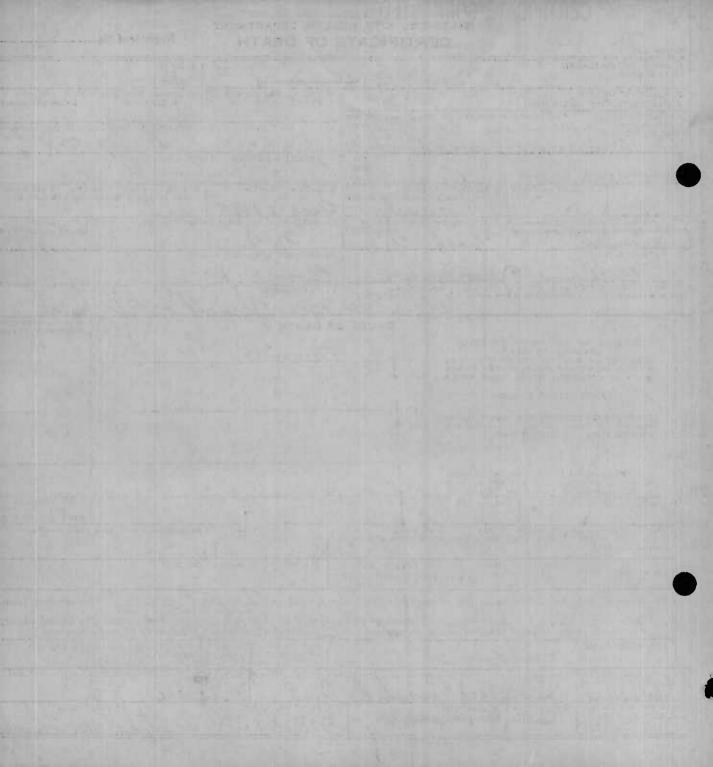
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5079 Registered No.

0.	KIII NO.						
	NAME OF D ype or Print)		stini-	W. EN	0/5	2. DATE OF DEATH JUA	IF 4.1950
	PLACE OF D Baltimore (4: USUAL RESIDENCE		institution : residence before admission)
В.	FULL NAME	OF (If not in hospit	al or institution	give street address or location		NG .	
IN A	CTITUTION	1720 Mc/	HENRY	St.	13AI+IME	(If outside corporate limits	write RURAL and give township)
-	Veral and		1.1	Yrs.		(If rural, give location)	-1,
	Length of s	tay in Baltimore	11/5	Mos. Days	1720 M	-HENRY S	
5.	SEX	6. COLOR OR RACE	7. SINGLE, N	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths: Days Hours: Min.
	7	W		RRIED	1EB 18, 188	7 63	
		CUPATION (Give kind of of working life, even if retired)	10B. KIND O	F BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	1/	ONE	110,	NE	MARYI	and	WHAT COUNTRY
13	FATHER'S	IAME			14. MOTHER'S MAIDEN	NAME	-
	NICh	- / / -	ROSS		MARY	Eckerl	
Ye (Ye	s, no or unknown)	D EVER IN U. S. ARME! (If yes, give war or date	FORCES? 1 s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	AIL INDA	MCHIENE (
		1			JOHN J. ZN	912 1120	INTERVAL BETWEEN
	18. / 4	1 × 1		CAUSE	OF DEATH		ONSET AND DEATH
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	heart failu	not mean the mode ore, asthenia, etc. It mes complication which	ans the disease,	DUE TO	X		
		ANTECEDENT CAU	SES				
Z	DISEASE	S OR CONDITIONS, I	F ANY GIVING	(B)			
F	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	DUE TO			
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TIFI		П		(C)			
CER	TRIBUTING	GIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	***************************************			
				INDINGS OF OPE	RATION		20. AUTOPSY?
CA							YES NO M
EDI	HOMICIDE	NT, SUICIDE, (Specify)		E OF INJURY (e. g., a, factory, street, office bldg.		(If in Baltimore City, g	rive exact location)
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	OF INJURY			LE AT NOT WHILE			
	22. I hereh	y certify that I at				June 4 195	that I last saw the
	deceased al	live on June 3	19.50 an	d that death occu		n the causes and on th	
	23A. SIGNA		,		23B. ADDRESS	- 0.1	23c. DATE SIGNED
	. 0-	01.	acusu	M. D.	206 S. ailm	no gr.	6-5.50
Z. TI	ON REMOVAL	DREMA-	1/20 24	1 1 0	ERY OR CREMATORY 24D	LOCATION (City, town,	or county) (State)
- D	ATE RECEIVE	D BY LIREGISTRAD	SSIGNATURE	horan la	25. FUNERAL DIRECTO	R /	ADDRESS
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HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived/If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (Maer Guten location) (If outside corporate limits, write RURAL and give Houting Order C. CITY OR TOWN INSTITUTION Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE SINGLE. MARRIED 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. manuc 10a. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR HPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? leman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRES (If yes, give war or dates of service) (Yes, no or unknown) of SECURITY NO -01-8/84 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? important, 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., io or PRIMARY OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes T, accident D, suicide D, homicide D, undetermined D. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 4/50 MEDICAL INVESTIGATOR BURIAL CREMA 248. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION. REMOVAL (Specify une 6 1951 DATE RECEIVED BY 25. FUNERAL LOCAL REGISTRAR mitte alon VS 151



BALTIMORE CITY HEALTH DEPARTMENT 5081 Registered No. 5087 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OEATH June 5, 1950 LUCHUS BEACOAT (LUCIUSH BACOAT) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or Maryland B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 864 Pierce Street Baltimore D. STREET ADDRESS (If rural, give location) Mos. 86/ Pierce Street 3 mo. Length of stay in Baltimore Davs AGE (in years I under I Year I under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIEO, WIDOWED, DIVORCED (Specify) Married 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Colored Male Sept. 1, 1888 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Laborer Industrial Darlington, S.C. 13. FATHER S NAME 14. IN OTHER'S MAIDEN NAME Wilson Becoat Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT SECURITY NO. Clayton Becoat 864 Pierce Street INTERVAL BETWEEN 18. 002X CAUSE OF DEATH ONSET AND DEATH Pulmonary DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Scar of thyroidectomy TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 2 ic. WHERE OID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DIO INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. SURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) (State) 6-9-50 nol. REGISTRARIS SIGNAT

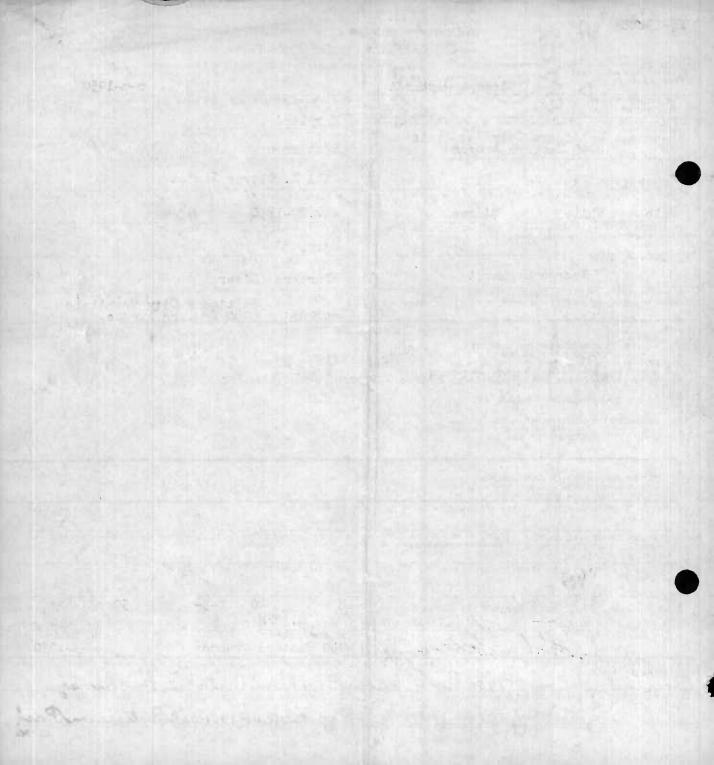
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Letter in document file 50-5081-7/11/50.

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Joseph Gayhardt DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2121 E. Oliver Street Life Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years If Under I Year I Under 24 Hours last birthday) Months: Days Hours Min 9. AGE (In years) Widowed Mala White Nov . 29-1840 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired, INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Gayhardt (D Barbara Eiser (D 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Baltimore City Hospitals 4940 Eastern Avenue (Yes, no or unknown) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Peritonitis heart failure, asthenia, etc. It means the disease, DUE TO Ruptured Gall Bladder injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from 3-18 1940/to 6-5-1950 that I last saw the 19 50 and that death occurred at 2.10PM. from the causes and on the date stated above. deceased alive on. 23B. ADDRESS 234 SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 6-5-1950 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial DATE RECEIVED BY OREGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 The state of the state of the

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25. FUNERAL DIRECTOR

correct age is

DATE RECEIVED BY

LOCAL REGISTRAR

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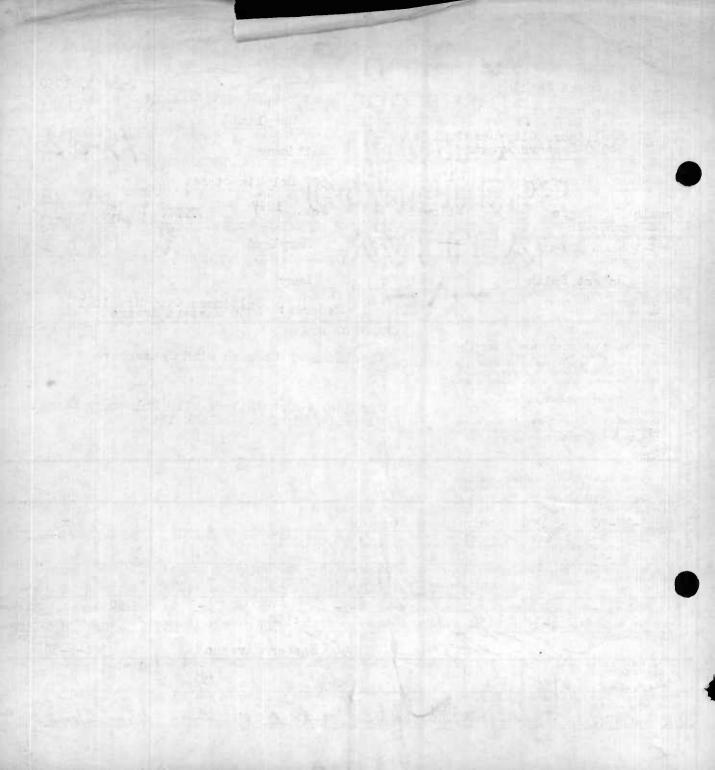
REGISTRAR'S SIGNATURE

important.

especially

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ADDRESS



11 1.	NAME OF DECEASED	CERT	IFICATE	E OF DEATH	Registered No	
	ype or Print)	HERBERT	SELECTION OF THE PERSON OF THE	DIGGS	1	3, 1950
Α.	PLACE OF DEATH: Baltimore City, Mar FULL NAME OF (If n	yland not in hospital or institution, give st	reet address or	4. USUAL RESIDE A. STATE Maryland	NCE (Where deceased lived, If in B. COUNTY	stitution : residence before admission)
H	OSPITAL OR	ıklin Square Hospita	location)	c. CITY OR TOWN Baltimore	(If outside corporate limits,	township)
	Length of stay in Ba	12 vrs	Yrs. Mos.	D. STREET ADDRE	ss (If rural, give location)	
5.	SEX 6. COLOR	OR RACE 7. SINGLE, MARRIE WIDOWED, DIVO	RCED (Specify)	8. DATE OF BIRTH	1907 9. AGE (in years 11 to last birthday) Mont	der I Year II Under 24 Hours hs Days Hours Min.
B1	A. USUAL OCCUPATION a done during most of working life, 15 iness man ?	(Givekindof 108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (S	Md.	2. CITIZEN OF WHAT COUNTRY! USA
13	. FATHER'S NAME			14. MOTHER'S MA		
15	Joseph Dig		IAL	Estella ?		DRESS
No.	s, no or unknown) (If yes, gi	ve war or dutes of service) SEC	URITY NO.		1 Cooper 1332 N	
	DISEASE OR CO LEADING (This does not mean heart failure, asthenia injury or complication	ONDITION DIRECTLY TO DEATH the mode of dying, e.g., (A	CAUSE (of DEATH rhage	on and left kidney	INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	RISE TO THE ABOVE UNDERLYING CON OTHER SIGNIFICA TRIBUTING TO THE D	DITIONS, IF ANY, GIVING CAUSE (A) STATING THE DITION LAST. (C) NT CONDITIONS CON- JEATH, BUT NOT RELATED	то			
CE	19A. DATE OF OPERAT	CONDITION CAUSING IT.	S OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. EXTERNAL CAUS PRIMARY A OR CONTR CAUSE OF DEATH. 21D. TIME (Month) (I OF INJURY	Day) (Year) (Hour) 21E. INJU	street, office bldg., et	1306 From		nount Il
	June 2, 1950	?P m. work L	AT WORK 2	A Sharp 1	nstrument	over
	the evidence ob	took charge of the remains tained by said Autopsy, Ins y opinion resulted from: na	pection or I	inquiry, find that \Box , accident \Box .	Autopsy, Inspection or Inquiry said deceased died on the suicide []. <u>homicide</u> [X, una	determined []. DATE SIGNED
	23A. SIGNATURE	M. D Id S.Z.	older,	ASSISTANT ME	DICAL EXAMINER W	6-3-50
	23A. SIGNATURE Earl L. Royer, 4A. BURIAL CREMA: ZA	B. DATE 24c. NAM.		RY OR CREMATORY	ESTIGATOR DE 24D. LOCATION (City, town, or Baltimore, Mary	

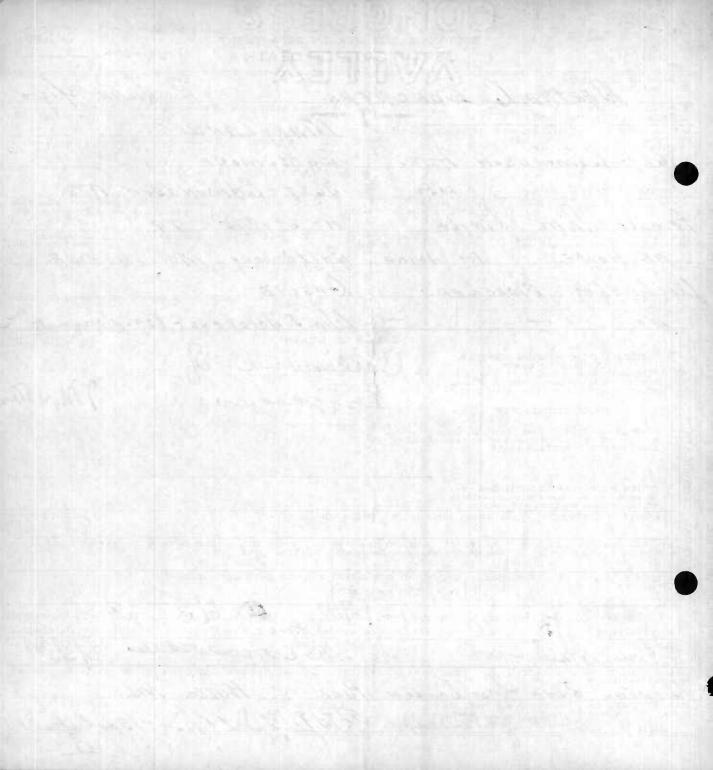
Letter in document file 50-5084-6/19/50.

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) VOKN 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION & MORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. 8-W. FAVE c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. AGE (in years) last birthday) Months; Days Hours; Min. WLDOWED, DIVORCED (Specify) 24-1859 10A. USUAL OCCUPATION (Give kind of york done during post of working life, even if retired) 11. BIRTHPLACE (State of foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY Ballimort 14. MOTHER'S MAIDEN NAME WORRICE. 13. FATHER S NAME Lormoka LNENOWN. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 110420, 1950 to June 2, 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ cere 2 1950, and that death occurred All: sep.m., from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR C 24b. LOCATION (City, town, or county) TION, REMOVAL (Specify) JURIAL. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 6 - 1954

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50 - 5087BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) AULINE J. KEICHAR DEATHCLLNO 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MARYLANG HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1405 MARKS LunnaRe Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore - NIORRILL - RK 05 Days MUE 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year | It Under 24 Hours AGE (In years | If Under | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Aug 11-1881 VIBERIED. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 0450 WUS 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., io or | 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) shoot home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT AT WORK WORK , 19 , that I last saw the 22. I hereby certify that I attended the deceased from 19. 19. 0, and that death occurred at M. P. m., from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23A. SIGNATURE 28c. DATE SIGNED

24c. NAME OF CEMETERY OF CREMATORY

240. LOCATION (City, town,

ADDRESS

24A. BURIAL, CREMA-TION REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

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24B, DATE

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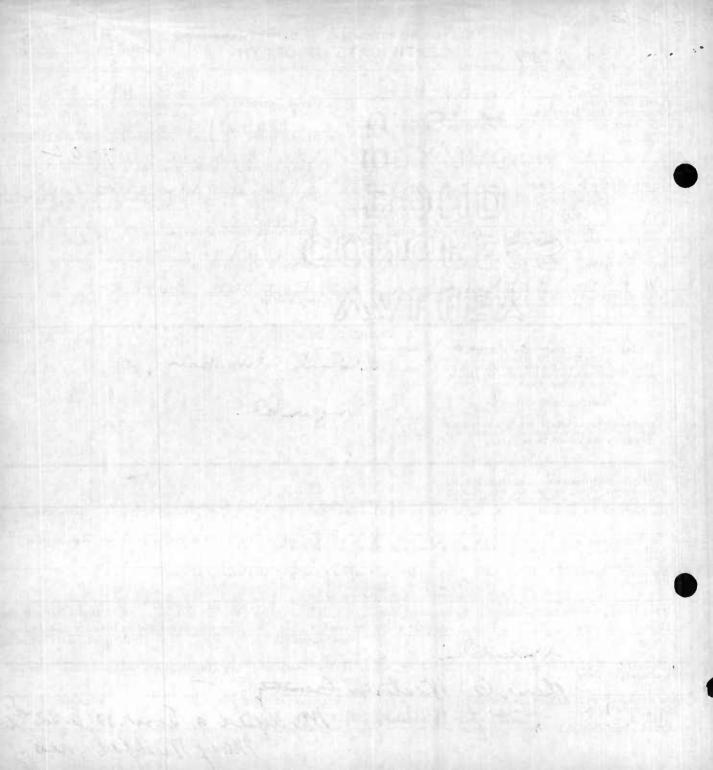
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3	6 5	50 5088 BALTIMORE CITY HE CERTIFICATI		50 Registered No	5088
	1.	NAME OF DECEASED Spe or Print) Baby Boy Burkent		2. DATE OF DEATH	150
	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Who		ution: residence before admission)
	He	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) ISTITUTION	C. CITY OR TOWN (If ou	utside corporate limits, wi	rite RURAL and give
legibly		Yrs. Mos.		ral, give location)	~·
and	-	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Under last birthday) Months	
clearly	10 worl	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12.	CITIZEN OF WHAT COUNTRY?
death	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	1E	
of	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT	BURREN	RESS
Physicians: please write the causes	RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	of DEATH classical	٨٠	INTERVAL BETWEEN ONSET AND DEATH
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
important.	1EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e		in Baltimore City, give	YES NO Exact location)
>	Σ	21D, TIME (Month) (Day) (Year) (Ilour) 21E, INJURY OCCURRI OF INJURY MILE AT WORK NOT WHILE AT WORK AT WORK		OCCUR?	
especial	1	22. I hereby certify that I attended the deceased from, 19, and that death occur	red atm., from the	causes and on the d	ate stated above.
age is		M. D. 4A. BURIAL, CREMA- 24B/DATE 24C. NAME OF CEMETE.	3B. ADDRESS RY OR CREMATORY 24D. LOC	CATION (City, town, or c	ounty) (State)
correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE JUN 6-1950	Centry 25. FUNERAL DIRECTOR	Ferr. 50,	DRESS 1. 22 31.
		VS 150	161a Mary	Wudefeld	Ires.



Physicians:

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CHRESTING COLORS CONTRACTOR

	512 BALTIMORE CITY H	EALTH DEPARTMENT	50 5090
5	ORTH NO 190 CERTIFICAT	E OF DEATH Regi	istered No.
	Type or Print) CANI O. Thompson	V. 5-38934 2. DATE OF DEATH	JUN 5 - 1950
3	Baltimore City, Maryland Balto. City	A. STATE B. CO	d lived. If institution: residence UNTY before admission)
F	FULL NAME OF (If not in hospital or institution, give street address or location) ONAS ROPKINS MOSPITAL		oraje imits, write RERAL and give
		Baltimore,	township)
	Yrs. Length of stay in Baltimore 5 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give lo	ette Ave
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)		
7	Mall Colored Married OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	5-18-20 30 11. BIRTHPLACE (State or foreign countr	y) 12. CITIZEN OF
	Laborer 3. FATHER'S NAME Laborer Bethlehem Steel	Robeson Co.N.C.	U.S.A.
100	John Foster Thompson	Lumies Halolr	
d (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 68. DO OF DO	17. INFORMANT	ADDRESS
ICATION	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, astenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OF DEATH Brain turnor mant: glisblastoma	onset and death 2/2 des
CERTIFIC	TRIBUTING TO THE DEATH, BUT NOT RELATED		
	194, DATE OF OPERATION 198, MAJOR FINDINGS OF OPER	PATION - 1 of pressu	20. AUTOPSY?
EDICAL	21A/ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg. CAUSE OF DEATH		re City, give exact location)
Σ	2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK AT WORK	THE RESERVE OF STREET, SAN ASSESSMENT OF STR	
	22. I hereby certify that I attended the deceased from 5-	29- 1950, to 6-5-	_, 1950, that I last saw the
70 00	23A. SIGNATURE	rred at 1230 Am., from the causes of 238. ADDRESS RUYKINS HUSPITA	and on the date stated above. 23c. DATE SIGNED
20 2	4A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE		City, town, or county) (State)
2	Burial 6/9/1950 Pembroke		
I L	OATE RECEIVED BY REGISTRAR'S SIGNATURE	Elroy 0. Milson Io	ADDRESS
=	JUNS 650 1950 GOLI	HITOY U. WILSON TO	ooo Brantly Ave
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Letter in document file 50-5090-6/24/50.

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June 3, 1950

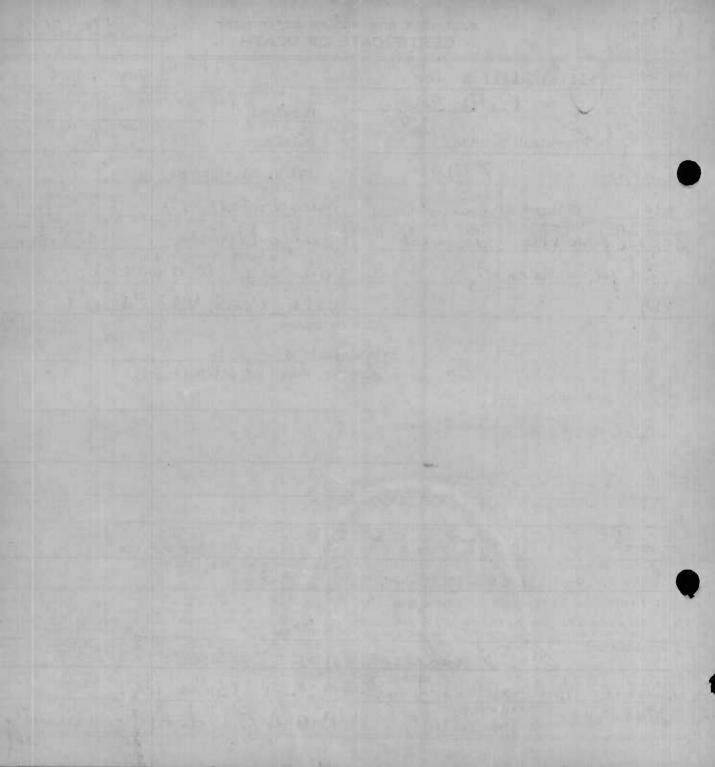
before admission)

WHAT COUNTRY?

township)

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		LOO AUTOPOVA
PERATION		20. AUTOFSY7
dg.,etc.) INJURY OCCUR?	(If in Baltimore Cit	y, give exact location)
RRED 21F. HOW DID INJUI		
Firearms		
	copsy	thereon and from
r Inquiry, find that said	, Inspection or Inqui	
uses [], accident [], suicid	e . homicide	undetermined .
238, CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGA	EXAMINER	23c. DATE SIGNED 6-3-50
TERY OR CREMATORY 24D.		wn, or country (State)
very Cen. B	was lly	1 mg
Clary S. V	leon 10	vo Brantly
	1	66 and



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Registered No-CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) OF BURRELL MISSOURI June 5. DEATH 1950 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A Baltimore City, Maryland Balto before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) Maryland (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Johns Hopkins Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrg. Mos. 5 Yrs. 1201 Youngs Court Length of stay in Baltimore Days 9. AGE (In years In Under I Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH Single Male Colored Aug. 12. 19#7 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY U.S.A. Springs Works Camden S.C. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellen Levy Burrell Missouri 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(You no or unknown) (If yee, give war or dates of service)
Yes. Ware #2 16. SOCIAL 17. INFORMANT ADDRESS (Yes po or unknown) SECURITY NO. Alfred Missouri I20I Young Court INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES nocture of mandible DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES X 21A. EXTERNAL CAUSE WAS PLACE OF INJURY (e. g., in or PRIMARY OR CONTRIBUTING | about home, farm, factory, etreet, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH. 1204 Elderry Court Street 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? other men OF INJURY NOT WHILE WHILE ATT 3:00 A .m. Injured during altercation with three WORK Autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER

especial

LOCAL REGISTRAR

24A. BURIAL CREMA TION REMOVAL (Specify) Burial

Camden

MEDICAL INVESTIGATOR 2AC. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

June 5, 1950

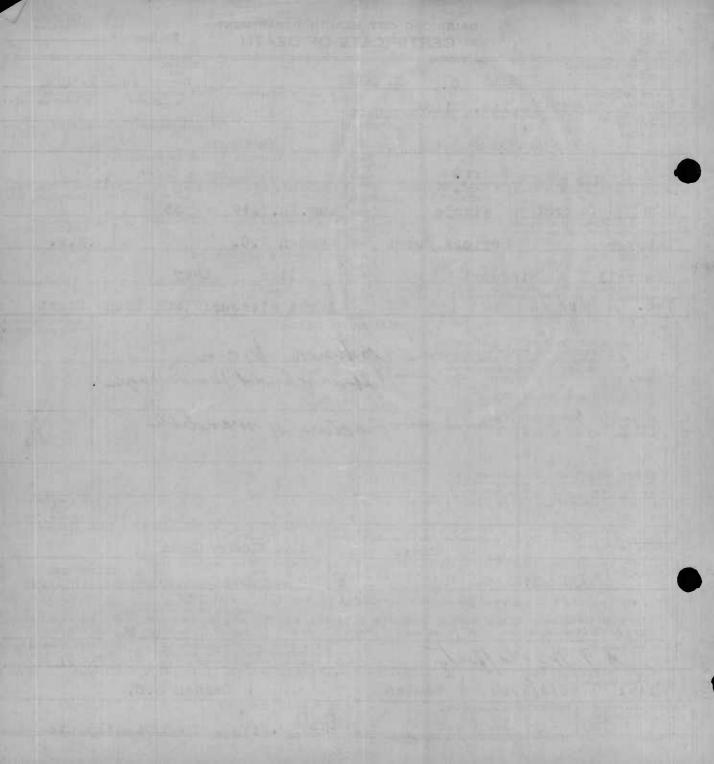
Camden S.C. ADDRESS

6/9/1950 DATE RECEIVED BY REGISTRAR'S SIGNATURE

Elroy

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important.



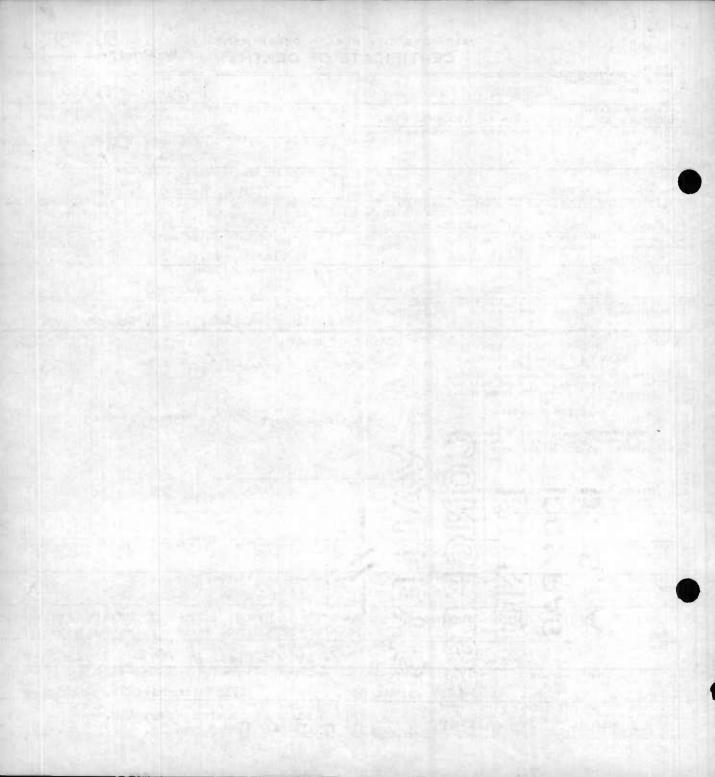
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5093 Registered No.

BI	RTH NO.								
	NAME OF D		RET A.	FEUCHTER		of June	3, 1950		
A.		City, Maryland 72			4. USUAL RESIDENCE A. STATE	(Where deceased lived. B. COUNTY	If institution; residence		
HC	SPITAL OR STITUTION	OF (If not in hospi	al or institut	ion, give street address or location)					
	Length of s	tay in Baltimore	lif			If rural, give location) Kenwood Ave	enue		
5.	female	6. COLOR OR RACE		e. married, ved, divorced (Specify) dowed	March 1, 1861	9. AGE (In years last birthday) 89	if Under 1 Year Months Days Hours Min.		
10. work	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY		
13	FATHER'S			.6	14. MOTHER'S MAIDEN		0.0.		
15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or dete	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	=	ADDRESS		
	Ins. 443 X CAUSE OF DEATH INTERV.								
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
ERTIFIC		II BIGNIFICANT CONE G TO THE DEATH, BUT							
AL C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			RATION		20. AUTOPSY?			
EDIC	21A. ACCIDI HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimore Cit	y, give exact location)		
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MHILE AT NOT WHILE AT WORK AT WORK								
	22. I hereb	by certify that I at	tended the	deceased from	rred at 7 PM m., from	the causes and or	PD, that I last saw the the date stated above		
	23A. SIGNA	TUBE /CA	mit	м. р.	POIN KLAUDE	as due.	HARY -VO		
710	Burial Burial	June 7,	1950	Mt. Carmel Cen		O'Donnell	ot. Baltimore		
LC	ATE RECEIVE	D BY REGISTRAR	'S SIGNATI	William and on	Schimunek Fune	eral home, li	ADDRESS		

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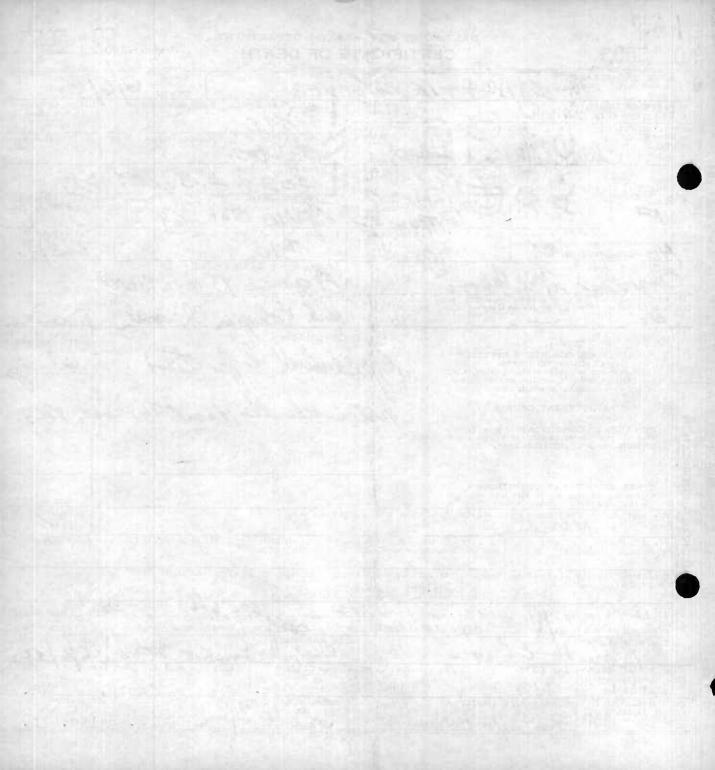
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5094

1	RTH NO.						
	NAME OF DE ype or Print)		ANN TONROE			of June	3, 1950
A.	PLACE OF DE Baltimore C	ity, Maryland 40	N. Curley St.		4. USUAL RESIDENCE (WA. STATE		
H	FULL NAME (SPITAL OR STITUTION	OF (If not in hospit	al or institution, give stree	t address or location)		outside corporate limite	write RURAL and give township)
5	Length of st	ay in Baltimore	60 years	Yrs. Mos. Days	D. STREET ADDRESS (If 435 N.	rural, give location) Curley St.	
5.	sex emale	6.COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVORC WIDOWED		8. DATE OF BIRTH		hs Days Hours Min.
10	A. USUAL OCC	UPATION (Give kind of working life, even if retired)	108. KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY!
13	FATHER'S N	AME			14. MOTHER'S MAIDEN N.	AME	
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date		L RITY NO.	17. INFORMANT Eliz. C. Young, 4		oress St.
FICATION	(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. If me complication which ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	of dying, e.g., (A) If dying, e.g., (A) Is the disease, (B) Is used death.) DUE TO SES (B) FANY, GIVING STATING THE DUE TO	Car Car VV	teriosclero diovascula the Fermina vilure	Disease Congesta	ONSET AND DEATH
CERTIFIC	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED				
	19a. DATE O	F OPERATION 0 1	9B. MAJOR FINDINGS	OF OPER	RATION		20. AUTOPSY?
MEDICAL	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	21B. PLACE OF INJU about home, farm, factory, stre			If in Baltimore City, gi	ve exact location)
2	OF INJURY	Month) (Day) (Year	m. WHILE AT WORK	NOT WHILE	01/500	Y OCCUR?	715 p.m.
	22. I hereby deceased al	y certify that I att	cnded the deceased f	rom 6-3 eath occu	rrcd at 2 /5 pm., from t		that I last saw the date stated above.
	Trav	cisf Jan	usgesly	M. D.	540 n. Lun	word are	6.5-50
TI	4A. BURIAL CON REMOVAL (S)	une 7,	1950 New Cat		Com Old F	red'k. Rd., Ba	ltimore
	ATE RECEIVED OCAL REGISTI	RAR	S SIGNATURE		Schimunek funera 36013-5 ED Mad	al Home, Inc.	ADDRESS
	VS 150		The state of the state of				937

THE NAME OF A DESCRIPTION OF THE PERSON

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, waite RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 7. SINGUE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE H Under 1 Year last birthday) Months Days Hours; Min. WIDOW EI 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BARTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life yvan if retired) INDUSTRY WHAT COUNTR Yousewor 13. EATHER'S NAME OTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or nnknown) (If yes, vive war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nuknown) SECURITY NO. causes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH 20.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING Id RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 1 important. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT 19 that I last saw the 22. I hereby certify that I attended the deceased from_ 1930, and that death occurred at 1221.m., from the causes and on the date stated above. deceased alive on 6/6 23A. SIGNATURE 23B. ADDRESS 23c. DATE/SIGNED 24A. BURAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, town, or county) 24B, DATE Bal timore, 6/9/ Burial Holv Redeemer Cem. 25 FUNERAL DIRECTOR DATE RECEIVED BY ora, 3000 E. Balto. St. VS 150



50 5096 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Ida J. Ells DEATH May 8, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE aryland A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give Hood Convalescent Home township) Baltimore 5313 Edmondson Avenue Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1615 Hilton Street . Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | ff Under) Year | ff Under 24 Hours last birthday) | Months: Days | Hours | Min. White Widowed Sept. 4, 1873 76 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired)
Retired registered nurse. INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A. Alexander Jones Placena Marriott 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yer, no or unknown) SECURITY NO. No Mr. Edgar A. Jones - 1615 Hilton St. NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral apoplexy (and resultant 10 days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, toxemia 7 heart failure.) injury or complication which caused death.) ANTECEDENT CAUSES Arteriosclerosis with hypertension. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-Previous mild cerebral hemorrhage. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 4/3 , 19 50 to 5/8 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ _____, 1950_, and that death occurred at 1:45Am., from the causes and on the date stated above, deceased alive on___ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 3300 M. North 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY Jones Family Cem. Burial 5-11-1950 Howard County Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 6/6/50 hunting for Hollinghing Hall Howard Strong 3207 W. North Ave. VS 150

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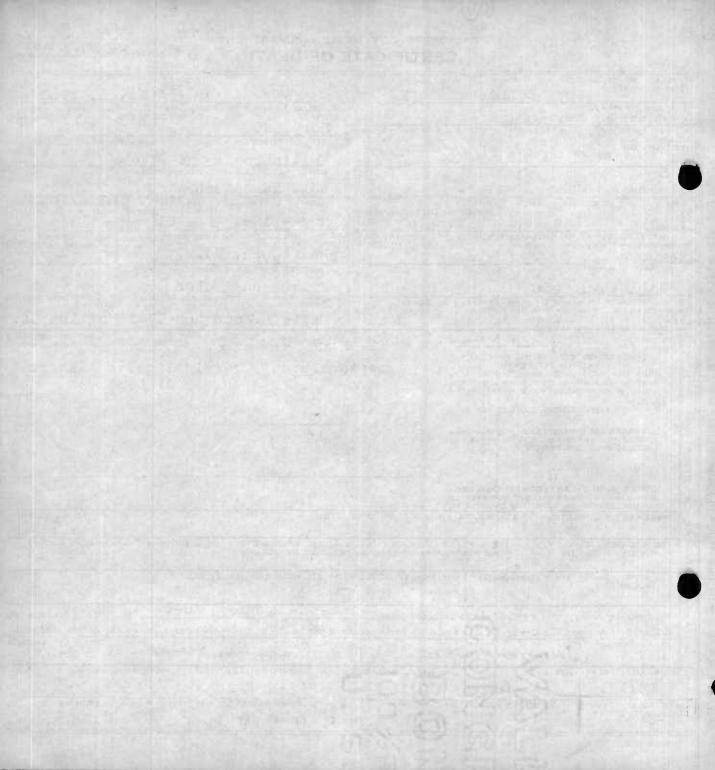
Physicians:

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Б	IRTH NO.	0 0001		CERTIFICATI	E OF DEATH	Registered F	10,00000		
1	NAME OF D					2. DATE OF	4 3050		
			annie	E.	Webb	DEATH May			
	B. PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (B. COUNTY	before admission)		
	FULL NAME OF (If not in hospital or institution, give street address or				11				
	OSPITAL OR			location)		f outside corporate limit	s, write RURAL and give township)		
1	0	Hood Nurs	ing Hon		Baltimore	20.0			
				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
	Length of stay in Baltimore — Days 6. COLOR OR RACE 7. SINGLE, MARRIED.				5315 Edmondson Ave. 8. DATE OF BIRTH 9. AGE (In years) Il Under Year Il Under 24 Hours				
	WIDOWED, DIVORCED (Specify)				last birthday) Months: Days Hours Min				
	female white single loa. USUAL OCCUPATION (Give kind of) LOB, KIND OF BUSINESS OR				May - 1869	81			
wo	DA. USUAL OC	CUPATION (Give kind of working life, even if retire	of 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
	Seamstre			-	Baltimore, 1				
1	3. FATHER'S 1	NAME			14. MOTHER'S MAIDEN I				
1		F. Webb			Marcellena F	Bates			
1 (Y	5. WAS DECEAS. os, no or unknown)	ED EVER IN U.S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS		
	no			none	Maria L.Mond	ghan-1721 H	Hollins St.		
	18.			CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY								
1	(This does not mean the mode of dying, e.g., (A) Arteriosclerotic cardiovascular								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
Z	Z (B)								
은	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
N.	UNDERLYING CONDITION LAST.								
HE N	(c)								
∥F	OTHER S	II SIGNIFICANT CON	DITIONS CO						
E	TRIBUTIN								
11	19a. Date of Operation 19b. Major Findings of Operation						20. AUTOPSY?		
₩ A	A A						YES NO		
MEDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? 21C. WHERE DID INJURY OCCUR?								
2	21D. TIME	(Month) (Day) (Yes	ar) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?			
	OF INJURY			WHILE AT NOT WHILE					
1			m.	WORK AT WORK	2-12- ₁₉ 50 _{to}	5-4- 10	5 that I last saw the		
		y certify that I a			rred at 2: 45 A.m., from				
	deceased a	TUPE OF	4-19_00.	and that death occur	SP ADDERCE		23c. DATE SIGNED		
	234. 310144	TURE	Intou	ree M.D.	Care	- ween	5-6-50		
1 2	4A. BURIAL.	CREMA- 24B. DATE		24c, NAME OF CEMETE		LOCATION (City, town			
T	ION, REMOVAL (S	5-8-	50	. New Ca	thedral	Paltimore	, Md.		
	DATE RECEIVE	D BY REGISTRA	R'S SIGNATI	JRE	25. FUNERAL DIRECTOR		ADDRESS		
1	OCAL REGIST	Huntin	gton 5	10:00	Fobn. Composi.	Pratt & S	Stricker Sts		
	VC 150		J 2 - W.	TATAMS, ILL	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ig.t.vers	.200		
	VS 150					930,			

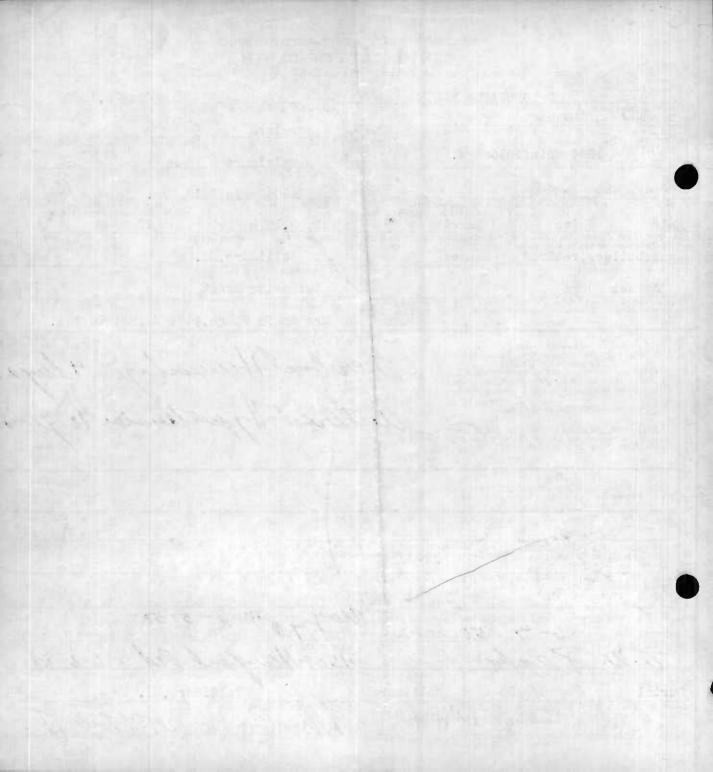


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BIRTH NO.			CERTIFICAT	E OF DEATH	Registered	1 No				
1. NAME OF (Type or Print	DECEASED				2. DATE					
(Type of Time	GUS	STAVE	RUNGE		OF DEATH June	5.1950				
3. PLACE OF A. Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE A. STATE	CE (Where deceased lived. B. COUNTY					
B. FULL NAM	E OF (If not in hospit	al or institut	ion, give street address or	Maryland						
HOSPITAL OF			location)	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and gi				
00	4604 Mainfie	eld Ave	•	Baltimon	-0 27-	O 2 township				
			Yrs.		(If rural, give location)					
	stay in Baltimore		Mos. Days	4604 Maj	4604 Wainfield Ave.					
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	Months Days Hours Min				
Male	White		ried	July 8,1870	79	Months Days Hours Mil				
IOA. USUAL C	CCLIPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (Stat		12. CITIZEN OF				
work done during me	at of working life, even if retired)		INDUSTRY			WHAT COUNTRY				
	lder, retired	Hous	es	Baltimor						
13. FATHER'S	NAME			14. MOTHER'S MAID	EN NAME					
	t Runge			Katherine F	raft					
(Yes, oo or uoknow	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
No			None	Mrs Annie Ru	ange,4604 Mainf	Cield Ave.				
RISE TO UNDER!	ANTECEDENT CAUSES OR CONDITIONS, III THE ABOVE CAUSE (A) LYING CONDITION LA	ANY, GIVING THE	(B) Asid	wid by	queteuse	in 10 year				
U TO THE	II SIGNIFICANT CONDI NG TO THE DEATH, BUT OISEASE OR CONOITION	NOT RELATI	ED	H						
19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?				
E ZIA. ACC	DENT WAS UNDER- OR CONTRIBUTING		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City	, give exact location)				
210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK	ED 21F. HOW DID IN	IJURY OCCUR?					
22. I here	by certify that I att	ended the	1	lay 1940 t	06-5-50,19	that I last saw to				
deceased			and that death occur		om the causes and on					
23A. SIGN		ko		36 ADDRESS	and Red	23C. DATE SIGNED				
24A. BURIAL.	CREMA 248 DATE	-		RY OR CREMATORY 2	4D. LOCATION (City, toy					
24A. BURIAL, TION, REMOVAL Burial	(Specify) 6/8/8		Baltimore		Baltimore, Md.	(5666)				
DATE RECEIV LOCAL REGIS	TED BY REGISTRAR		liquity M. T.	25 FUNERAL DIRECT	m /219 ST	ADDRESS Jour				

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Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH June 6, 1950 Mamie Dolch 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Eastern Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 25 W. Lombard St. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Female White July 5, 1873 76 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Maryland ousevon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John William (D) Mary Miller (D) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMADIAL timore City Hospitals Records 4940 Eastern Avenue (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Heart Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from April 15, 1946, to June 6, 1950 that I last saw the deceased alive on June 6 19 50 and that death occurred at 4:00 Am., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED imore City Hospitals 6-6-1950 24A BURIAL, CREMA-24B, DATE DATE RECEIVED BY 25 FUNEBAL PRECTOR ADDRESS REGISTRAR'S SIGNATURE

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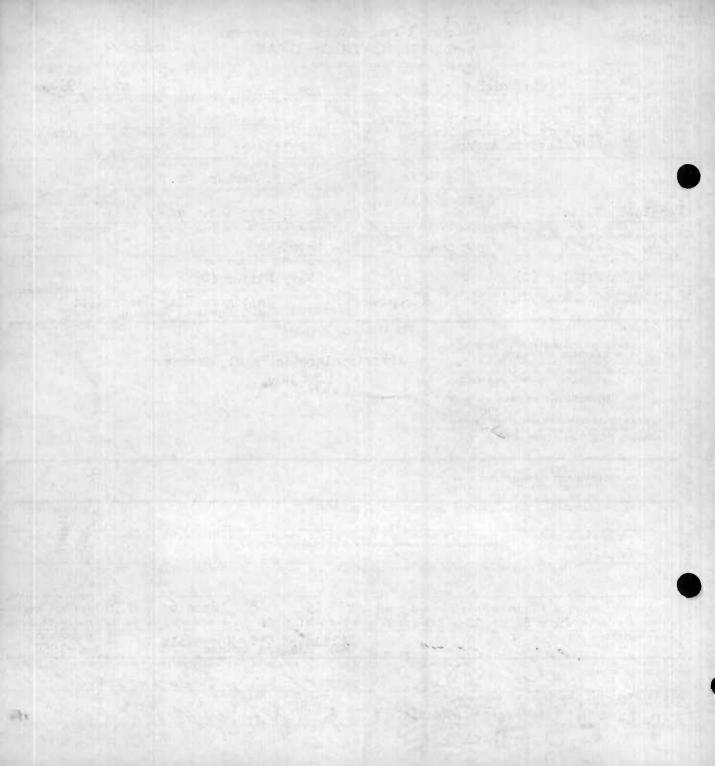
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BALTIMORE CITY HEALTH DEPARTMENT 134597 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Norman Theodore Peddicord June 5. 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. COUNTY B. FULL NAME OF . (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) INSTITUTION 4940 Eastern Avenue Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township) Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. Length of stay in Baltimore 1017 Brentwood Ivenue 5. SEX 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WIDOWED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. White Male Dec. 28. 1882 104 USUAL OCCUPATION (Give kind of work doneduring most of working his even if plired) 108 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Peddicord Sally Skipper 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service) 16. SOCIAL Records 4940 Eastern Avenue SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH 0.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Coronary Occlusion heart fuilure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ERTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 5-16-50 Gastric Ulcer 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from Dec. 31 1949, to June 5, 1950, that I last saw the deceased alive on June 5, 1950, and that death occurred at 11:00 m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS Baltimore 23c. DATE SIGNED 6-6-50 ZAA. BURIAL GREMA-24B. DATE ON (City, town, or county)

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DATE RECEIVED BY

LOCAL REGISTRAR

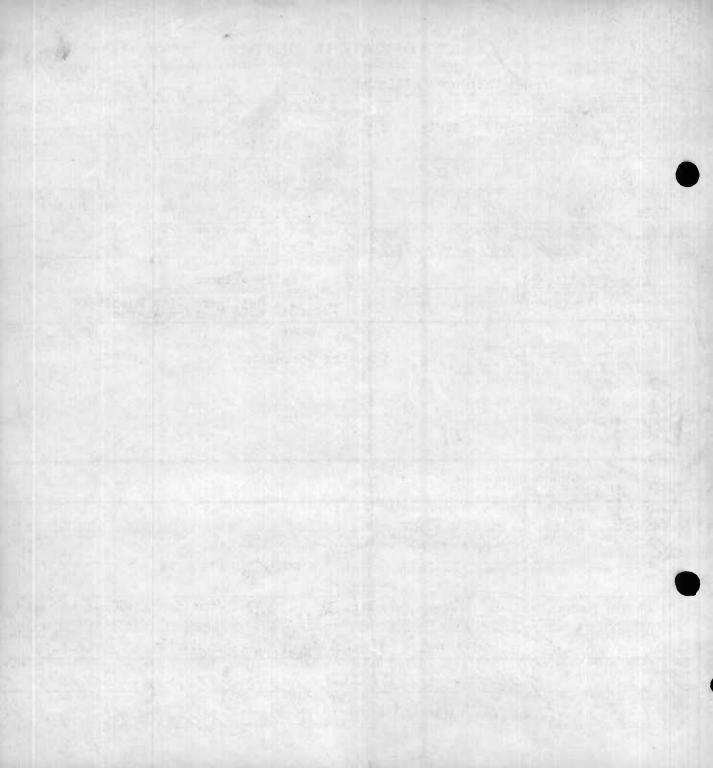
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THE PROPERTY WAS ASSESSED BY 44281

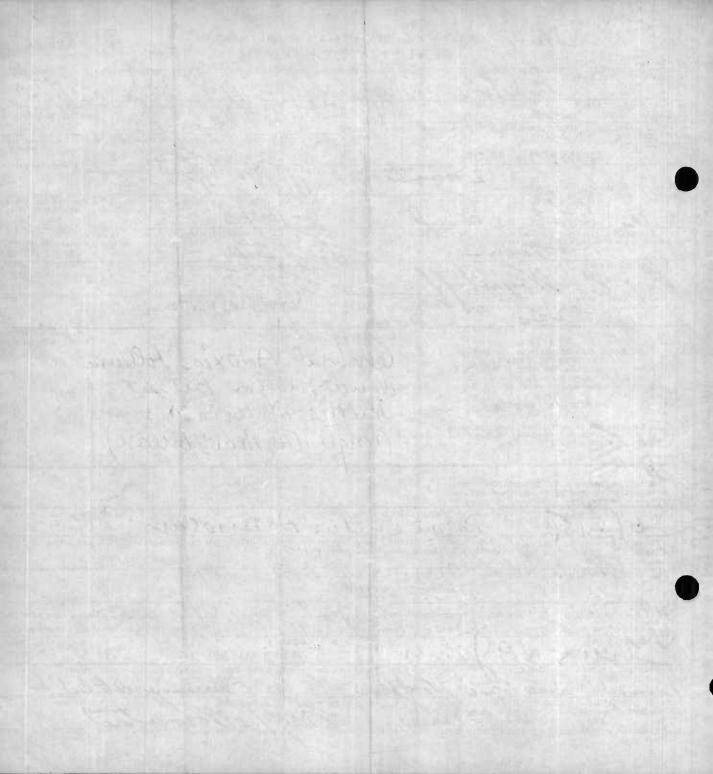
BUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4 USUAL RESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) JOHNS HOPKINS HOSPITAL remore D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR/OR RACE 8. DATE OF BIRTH 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS PECEASED EVER IN U. S. ABJED FORCES? 6. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH Cerebral ANOXia following DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, ctc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING longer Tal Heart Disease RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPPRATION 198. MAJOR FINDINGS OF OPERATION The 10 sur (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK . 19 that I last saw the 22. I hereby certify that I attended the deceased from _____ . 1950 to deceased alive on 6 , 19 and that death occurred at 10 m., from the causes and on the date stated above. 23A. SUNATURE 238. ADDRESS 23c. DATE SIGNED JAHNS HOPKINS HOSPITAL 24c. NAME OF CAMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION, BEMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150 A Minimas Part

Physicians:



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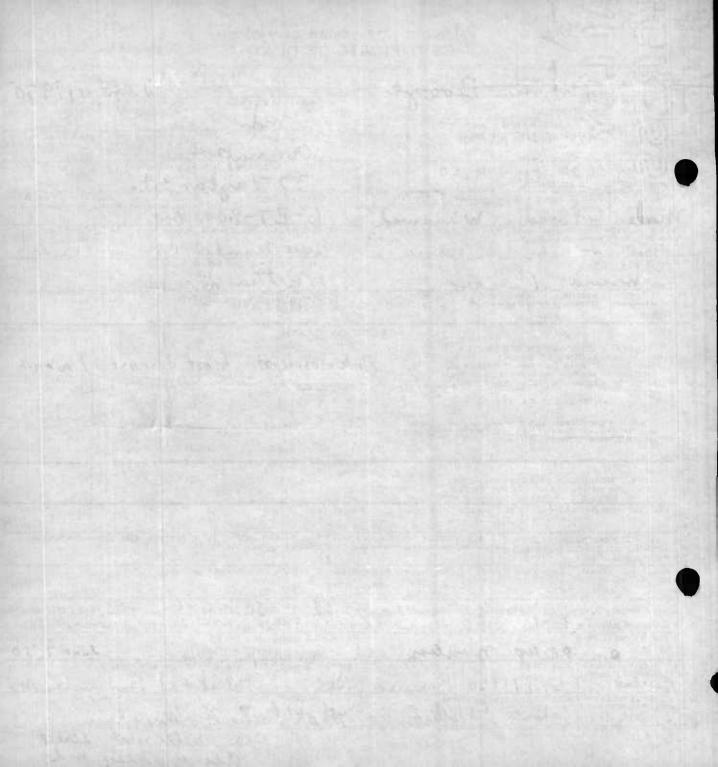
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50 5105 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH V MINE (4. USUAL RESIDENCE (Where deceased lived, If institution: resid 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF ne HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Fune 6,50 Mos. . Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED DIVORCED (Specify) 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. If Under 24 Hours Widawe 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? N.S.A Jardner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marinos 15. WAS DECEASED EVER IN U. S. ARMED FOR OF 6? (Yes, no or uoknowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or uoknowe) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arkviosclevolic heart disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 4 YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK 22. I hereby certify that I attended the deceased from 5-195.0. to___ . 1950, that I last saw the 20 Pm., from the causes and on the date stated above. deceased alive on 6 - 6 , 1950. and that death occurred at_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED LANES HOPKINS HOSPITAL June 7. 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR / - 1350 VS 150 amoradis, m

Physicians:

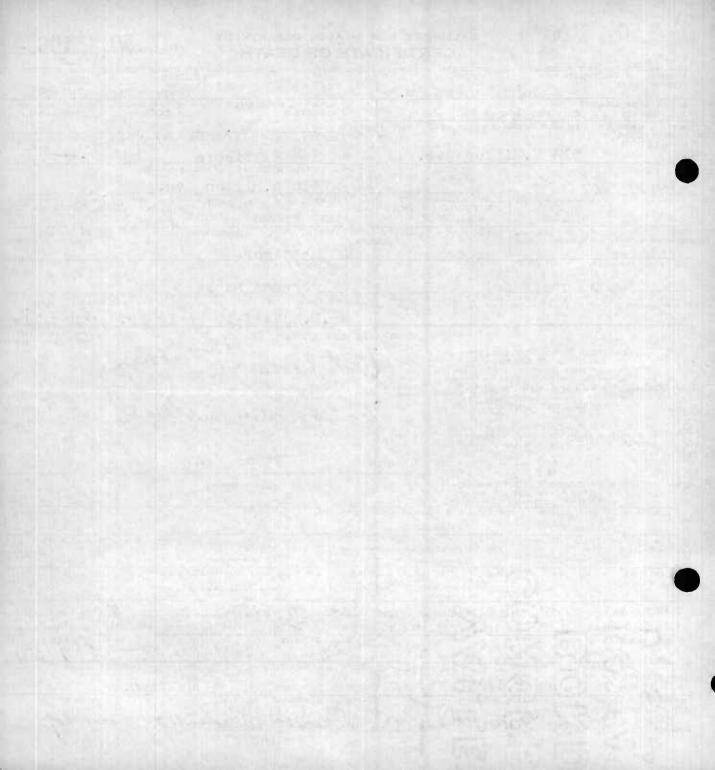
important.



В	CERTIFIC	ATI	E OF DEATH	Н	Registered No.	5106			
1.	NAME OF DECEASED			2. 0	OF	N-			
	John Schaaf Jr.				EATH June				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDE		leceased lived. If ins в. COUNTY	titution; residence before admission)				
	FULL NAME OF (If not in hospital or institution, give street add OSPITAL OR	ress or		Md.					
	ISTITUTION	cation)	c. CITY OR TOWN	(lf outside	e corporate limits, v	vrite RURAL and give			
	916 N.Milton Ave.			timore	1-0				
		Yrs. Mos.	D. STREET ADDRE	SS (If rural,	give location)				
11	Length of stay in Baltimore	Days	916 N.M.						
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. A	GE (In years Month	ler I Year II Under 24 Hours ins Days Hours Min.			
	male white widowed		not known	about	77				
wor	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS and the state of the state of 10B. KIND OF BUSINESS (10B) INDL	OR	11. BIRTHPLACE (S	state or foreign	country) 12	CITIZEN OF			
	retired grocerman	,,,,,,,	Baltimo	re		WHAT COUNTRY			
13	B. FATHER'S NAME		14. MOTHER'S MA						
	John Schaaf Sr.	717	Johanna	Hupka					
15	3. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		17. INFORMANT	nupna	ADD	RESS WA			
(Ye	s, no or unknown) (If yes, give war or detes of service) SECURITY			e 70 M		IVICE .			
-			Wm. H. Schaai	L TO Mai	ore pr.ca	INTERVAL BETWEEN			
	18. 420. / CAL	JSE (OF DEATH	The		ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	71.	A-0	aros	nto.				
	(This does not mean the mode of dying, e.g., (A)	M	Le INM	4					
	heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			/					
	ANTECEDENT CAUSES								
Z									
은	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			1					
X	UNDERLYING CONDITION LAST.								
문	(6)								
E									
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED								
0	19a, DATE OF OPERATION 19B, MAJOR FINDINGS OF	OPER	ATION			20, AUTOPSY?			
7	ISA, BATE OF OFERATION OF ISB, MASON FINEINGS OF	O, LI	,			YES NO			
0	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY	(e. g., in	or 21c. WHERE D	ID (If in B	Saltimore City, give				
MEDICAL	HOMICIDE (Specify) about home, farm, factory, street, office			R?					
=	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CURRI	ED 21F, HOW DID	IN ILIBY OCC	1107				
	OF INJURY	WHILE	ED ZIF. HOW BID	INSUK! OCC	OKI				
		WORK			-				
	22. I hereby certify that I attended the deceased from.	m	ray 70, 194's	\$ to	, 19.47,	that I last saw the			
	deceased alive on 6/5, 195D, and that death	occur	rred at 23 4 m.,	from the car	uses and on the	date stated above.			
	28A, SIGNATURE	2	3B. ADDRESS	2 111	1 -1 1:	23C. DATE SIGNED			
	Was Afonstein M.		1045.10	risk	ext	917150			
II TI	ON REMOVAL (Specify)		RY OR CREMATORY		ON (City, town, or	county) (State)			
B	urial June 8,1950 Mt. Carme	el	THE STORY	Ba	altimore				
P	ATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIR	ECTOR	A	DDRESS			
	OCAL REGISTRAB	1	Percent & 1A	Ilman.	16 79 hum	Luxus -			
=	VS 150			7	^	1			
	VS 150	A			911	-0			

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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5107 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH June 6 1950 George Howard Dunn 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland 603 Cathedral St Maryland B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Raltimore D. STREET ADDRESS (If rural, give location) Yrs. 20 603 Cathedral St c. Length of stay in Baltimore Days 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | N Under I Year | N Under 24 Hours | last birthday) | Months | Days | Hours | Min. Dec 22 1893 Married Male 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR work done during most of working life, even if retired) WHAT COUNTRY? Retired Prod.Mgr. Locke Insulator Co Latrobe Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louisa Gross Thomas Dunn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) 214-22-1720 Lena C. Dunn 603 Cathedral St NTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DIE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY AT WORK 1950to 22. I hereby certify that I attended the deceased from Rucul 13 . 19 Othat I last saw the Jame 6, 1950, and that death occurred at _m., from the eauses and on the date stated above. deceased alive on_ A3C. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATIORY 240/ LOCATION (City, town, or county) 24A. BURIAL CREMA-TION, REMOVAL (Specify) Baltimore Md June 9 1950 Balto National Burial ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 4204 Ridgewood Ave VS 150 IN ARREST STATE OF THE PARTY OF 62

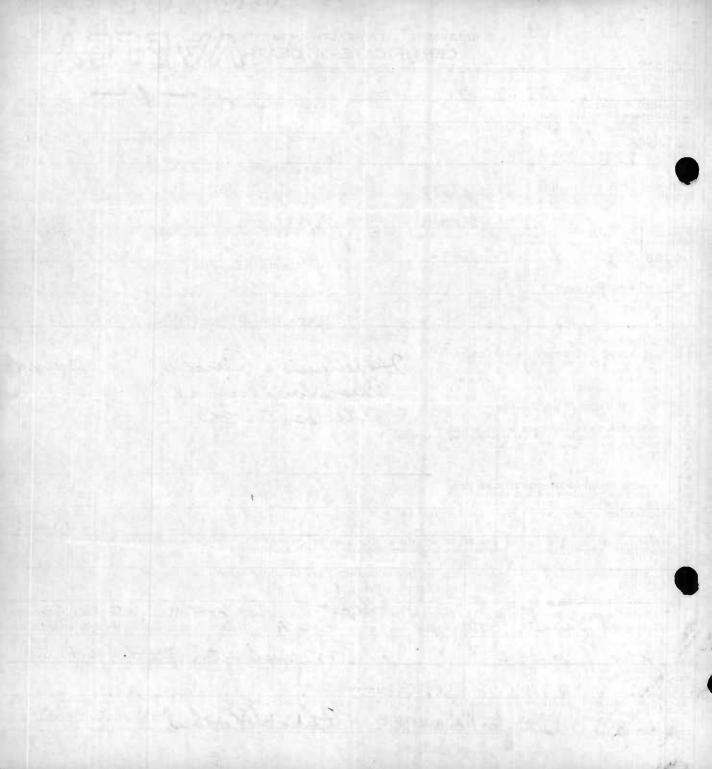
BALTIMORE CITY HEALTH DEPARTMENT Registered No 5108 5108 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF LEE MACEY CROSSON June 4, 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COLINTY before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or Maryland Iocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Provident Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos 22 yrs. Length of stay in Baltimore 559 Bloom Street Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years H Under 1 Year last birthday) Months: Days Hours! Min. Married male 30 Jan. 9, 1920 colored 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY U. S. A. Laborer North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Macy L. Crosson Ruth Moody 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO Geraldine Crosson, 932 N. Gilmor St. 214-12-9969 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Stab wound of heart (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218, PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TO OR CONTRIB-UTING CAUSE OF DEATH. McCulloh and Wilson Streets street 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE June 4. 1950 10.15 Pm. Stabbed in the chest WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR June 5. 7950 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOG ATION (Gity, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) (State 248. DATE Baltimore Nat. Cemetery June 9, 1950 Burial DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 151

BALTIMORE CITY HEALTH DEPARTMENT

50 5109

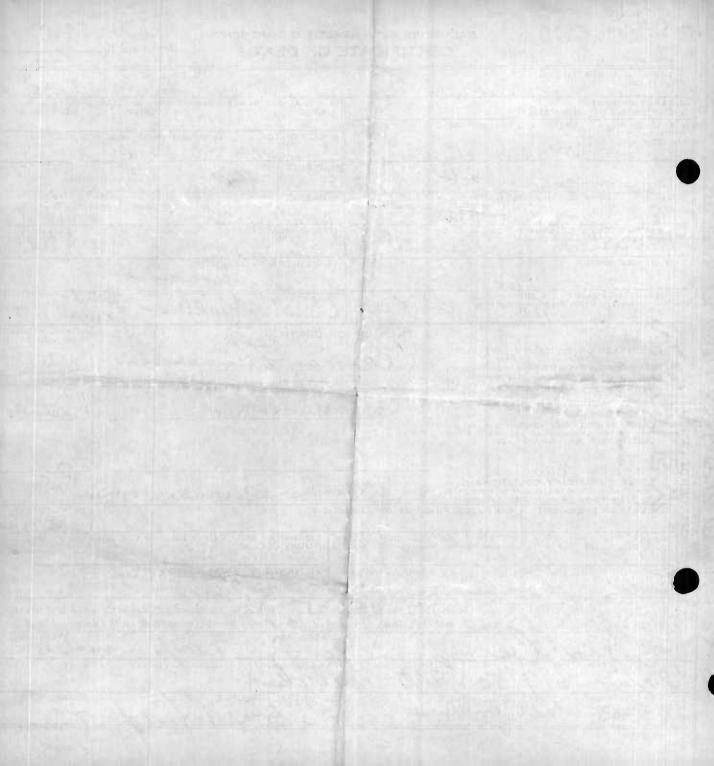
В	RTH NO.			CERTIFICATI	E OF DEATH	Registered	.,	
	NAME OF D	ECEASED				2. DATE		
	Type or Print)		JOHNSO	N		DEATH 6/4		
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY		esidence admission)
В.	FULL NAME		al or institut	ion, give street address or				
	OSPITAL OR			location)	c. CITY OR TOWN	If outside corporate limi	ts, write RUR	AL and give _ township)
	10 1	402 Ward S	t.		Balto.	21-0	James	
				Yrs. Mos.	D. STREET ADDRESS (I			
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3	SEA	6. COLOR OR RACE	WIDOV	ED, DIVORCED (Specify)	O. DATE OF BIRTH	last birthday) M		
10	F	CUPATION (Give kind of	Wid	owed of Business or	11/11/1884 11. BIRTHPLACE (State or	65	110 017175	1
wor	k done during most	of working life, even if retired)	IOB. KINL	INDUSTRY		foreign country)	12. CITIZEI WHAT	COUNTRY
H	ousewif	e	Domes	tic	14. MOTHER'S MAIDEN		U.S.	Α.
1.3	. FAIRER S	NAME			14. MOTHER'S MAIDEN	NAME		
15	Sharles	Brown		1	Eliza			
(Ye	e, no or unknown)	ED EVER IN U.S. ARME	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS	
_	No	NO		None	Clarance Sim	ms(S)1402 V		
	18. 44	3 × 1		CAUSE	OF DEATH			L BETWEEN
	DISEAS	SE OR CONDITION		2/. /	7.0	/*	2	1-
	(This does not mean the mode of dying, e.g., (A) Hyderleusine Carolio							leave
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						/	
	ANTECEDENT CAUSES							
Z								
NOIT	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A)	STATING T			8 1 30		
OA	UNDERLYING CONDITION LAST.							
L	(c)							
7		SIGNIFICANT COND						
CE		G TO THE DEATH, BUT						
1	19A. DATE C	OF OPERATION	198. MAJOR	FINDINGS OF OPER	RATION			JTOPSY?
DICA	01-100-0		l ote Di	ACT OF INITIES (in or 21c. WHERE DID	(If in Baltimore City,	YES L	No L
Ō	HOMICIDE	ENT. SUICIDE, (Specify)	about bome,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(II in partimore city,	give exact to	aciony
=		(Br. 43) (B) (A)	\ (TT - \)	ALT HUMBY COCUED	ED 21F. HOW DID INJUI	DV OCCUE?		
	OF INJURY	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT TO NOT WHILE	ED 21F, HOW DID INSUI	RI OCCORI		
			m.	WORK AT WORK	(- 0			
1		y certify that I at				une y , 195		
	deceased a	live godines	_ 1950 .		rred at 4 A m., from	the causes and on		
	23A SIGNA	TURE), /	6 h		23B. ADDRESS	A DOLL	6.6.	E SIGNED
-	1 por	CREMA- 24B. DATE	RA	M. D.	ERY OR CREMATORY 240.	LOCATION (City, town		(State)
TI	ON REMOVAL	Specify)						
	Burial	6/7/50		Mt. Calvary	Cem A	A County, Mo	ADDRESS	Av.
L	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	SIGNATI	110	A LINERAL DIRECTOR		V. Carro	
-	N 7 - 19	50 Himitia	ator 11	minus Was	Chas XIL	Open DIE	v. vario	77.0011
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ourself significant ...



50 5110 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) une 5,1 DEATRICE NORRIS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased liked, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location | C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION FRANKIYN NOUARE Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore DRUCE Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. DIACK Widowed IOA. USUAL OCCUPATION (Give kind of vork aggreduring most of waking life, even if retired) 108 KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY NDUSTRY comestic) MARWIAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME noun ISAAC 1/eR 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnhnown) (If yes, give war or dates of service) 16. SOCIAL NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Physicians: (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO J 218. PLACE OF INJURY (e. g., in or 21A, ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE ATT NOT WHILE WORK 6 -5 , 1910, to 6 - 5 - , 1918, that I last saw the 22. I hereby certify that I attended the deceased from. deceased Ale on 6 . 5. 195 &, and that death occurred at 10 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED

40 BURIAL, CREMA-OR REMOVAL (Spedify) 2.C. NAME OF CEMETERY OR CREMAZORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 52086



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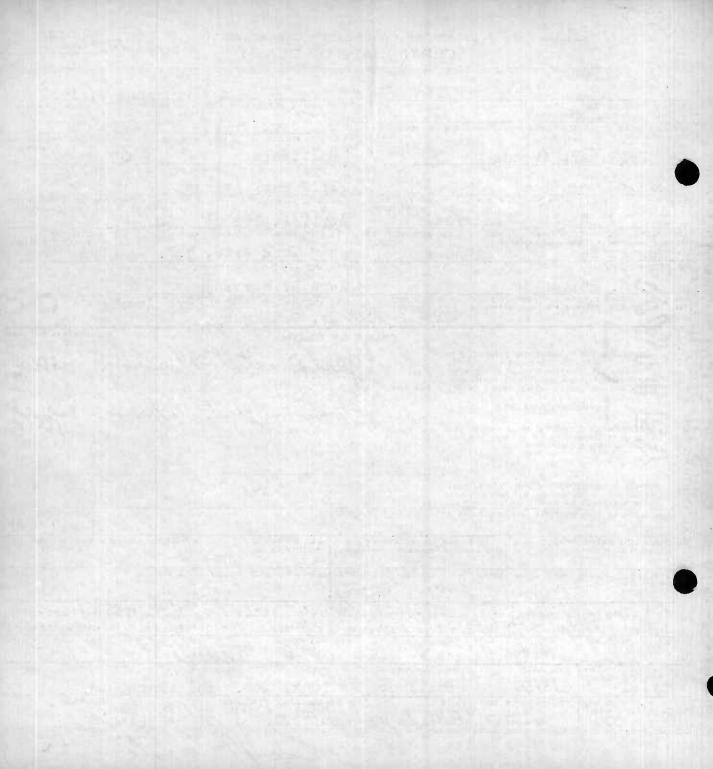
Е		7.224.22	CERTIFIC	ATE OF DEATH	Registered No.	JALL		
	RTH NO.	TOTAL SER						
(T	NAME OF D		ENCE RUBY		2. DATE OF	3050		
	PLACE OF D		ENOE RODI	4. USUAL RESIDENCE	Where deceased lived. If inst			
B. He			al or institution, give street addre	Marylan				
		B park Aven	ue	Baltimore	14-01	township)		
				Yrs. D. STREET ADDRESS (1	f rural, give location)			
		tay in Baltimore		Mos. 1513 Park Ave	enue			
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (S	8. DATE OF BIRTH	9. AGE (In years I linde last birthday) Month	et l Year If Under 24 Hours		
	F	W	Married	April 1, 1920	30			
1C worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS C		foreign country) 12	CITIZEN OF WHAT COUNTRY?		
	Housev	vife	at home	New York City	y, N.Y. U	SA		
13	FATHER'S	NAME		14. MOTHER'S MAIDEN	VAME			
	Wm. H.	Burton		Anna L. Harris	3			
15 (Ye	s, no or unknown)	ED EVER IN U.S. ARMEI	FORCES? 16. SOCIAL SOCIAL SECURITY N	17. INFORMANT 151	3 Park Avenue	RESS		
ì	no		213-12-05	28 Mr. Paul Rub	y			
	18.	DV. 1.	CAU	SE OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, e.g., (A)							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, IF ANY, GIVING DISEASE OR CONDITIONS, IF ANY, GIVING DISEASE OR CONDITIONS, IF ANY, GIVING DISEASE OR CONDITIONS, IF ANY, GIVING							
	ANTECEDENT CAUSES							
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CA	UNDERL	YING CONDITION LA	AST.					
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RT	OTHER S	SIGNIFICANT COND	ITIONS CON-	Noul				
S		G TO THE DEATH, BUT		11 ou				
			98. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?		
N S		,				YES NO Y		
EDI	HOMICIDE	(Specify)	21B. PLACE OF INJURY (about bome, farm, factory, street, office		(If in Baltimore City, give	exact location)		
2	21D. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCC	URRED 21F, HOW DID INJUI	RY OCCUR?			
	OF INJURY		WHILE AT NOT	WHILE				
	7 1			North Lee 1047.	June 5 th 10 Car			
	22. I hereb	y certify that I at	ended the deceased from_	November, 1947, to poccurred at 10:00 A.m., from	, 19.50 t	hat I last saw the		
	23 GIGNA		, 1900, and that death	238. ADDRESS		aate statea above. 23c. DATE SIGNED		
	711	Lunguel E.	thetan M.	15 E. BA	Soll St. 1	6-6-50		
2.	4A. BURIAL,	CREMA- 24B. DATE	24c, NAME of CE	METERY OR CREMATORY 240.	LOCATION (City, town, or	county) (State)		
11	burial	6/8/50	Baltimore	National cem.	Baltimore, M	d.		
D	ATE RECEIVE		S SIGNATURE	LOS EUNIEDAL DIRECTOR	& SONS, INC.	DDRESS		
J	JN 7 - 13	50° Timet	water Williams Mi	BALTIMORE 3	L3, MARYLAND	740		

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Secry & Parler



Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

JUN VS 150

BALTIMORE CITY HEALTH DEPARTMENT

egistered No 5112

BI	RTH NO.			CERTIFICATI	E OF DEATH	1	Registered	1 NO	
1. (T	NAME OF D	ECEASED A	NNIE E.	BOZMAN			OF EATH	June 5,	1950
Α.		City, Maryland			4. USUAL RESIDER	NCE (Where d			: residence fore admission
H	FULL NAME OSPITAL OR ISTITUTION			ion, give street address or location) . Hgts • Ave•	c. CITY OR TOWN Baltimore	(If outside	corporate li	mits, write Ri	PRAL and give township
		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	erton Hg	ts. Ave		
	female	6. COLOR OR RACE White	WIDOW	E. MARRIED. /ED. DIVORCED (Specify) &rried	0ct. 22, 18	70 la	79	Months Day	H Under 24 Hours Hours Min.
worl	done during most	CCUPATION (Give kind of of working life, even if retired) Sewife NAME	at h	OF BUSINESS OR INDUSTRY	Maryland 14. Mother's Mai		ountry)	12. CITI WHA	ZEN OF AT COUNTRY
	John H	H. McDorman			Annie Dav	is			
15 (Ye	MAS DECEASIS, no or nuknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO. NO	17. INFORMANT Mr. Granv	ille I.	Bozman	ADDRESS 2408 Ca	Hgts.Av
ERTIFICATION	(This does heart failt in jury or DISEASE RISE TO UNDERL'	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II SIGNIFICANT COND G TO THE DEATH, BUT	Senous - Censon - Cen	peters	com .	kaley 1	2 ym		
U	TO THE	DISEASE OR CONDITION	V CAUSING		ATION C) of 1st.	and,	20.	AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)	218. PL/ about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE DI etc.) INJURY OCCUR		altimore Cit	y, give exact	location)
	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK	ED 21F. HOW DID	INJURY OCC	UR?		
	22. I hereby certify that I attended the deceased from Lent 1, 1937, to the 5, 1950, that I le deceased alive on 1950, and that death occurred at 773 m., from the causes and on the date sto							stated above	
	23A. SIGNA	theil you	whol	м. р.	23B. ADDRESS	Edus	Ine to	230.0	ATE SIGNED
Z. Ti	on REMOVAL (S Burial	Specify)		24c. NAME OF CEMETE Western Cem.	RY OR CREMATORY	Balto.		wn, or county	(State)
	ATE RECEIVE			IRE	25. FUNERAL DIRE		141	ADDRE	alto

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MATERIAL ROAD LEVE	er i dikempi zi		
Carlotte Many Ville			
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causes the Write Physicians: important. especially

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death

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ā 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24b, LOCATION (City, town, or county) TION, REMOVAL (Specify) Burial New Cathedral Cem. Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR colone VS 150

age of the fall time and the second A men a sea wear in which B-336 5114

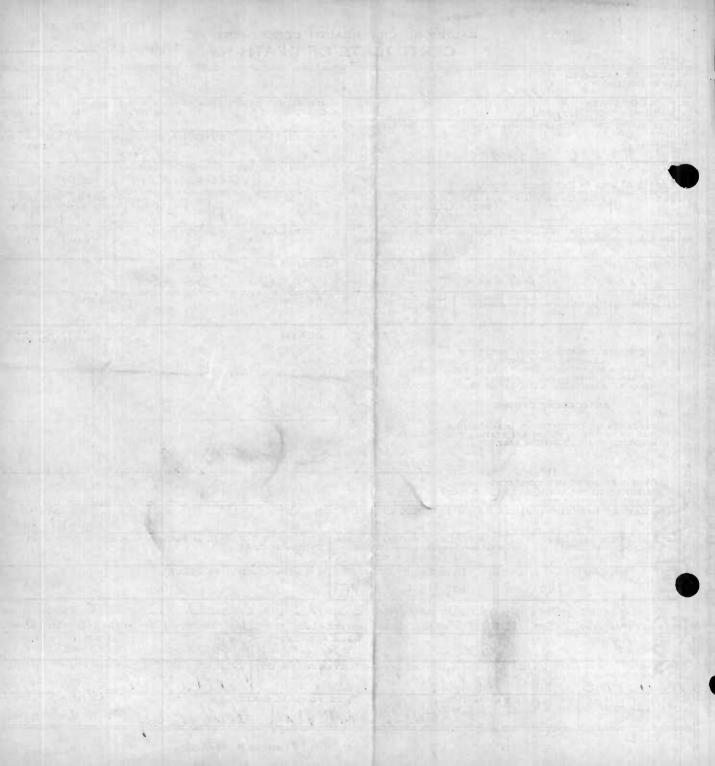
BALTIMORE CITY HEALTH DEPARTMENT

50 5114 Registered No.

BIRTH NO. CERTIFICATE OF DEATH							egistered No	
1.	NAME OF D	CEASED SIA	<i>r</i> /	13 v + c 6	ER	2. DATE OF DEATH	6-5-150	
Α.		EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNT before admission c. CITY OR TOWN (If outside corporate limits, write RURAL and give township D. STREET ADDRESS (If rural) give location)			
HC	FULL NAME OSPITAL OR STITUTION			ion, give street address or location) HOSPITA L				
	Length of s	tay in Baltimore	4,7	Yrs. Mos. Days				
5.	SEX M	6. COLOR OR RACE	7. SINGLE WIDOW	E, MARRIED, VED, DIVORCED (Specify)	9-10-	98 9. AGE (In yes last birthda)	ars if Under 1 Year II Under 24 Hours y) Months Days Hours Min.	
10. work	A. USUAL OC dooeduring most	CUPATION (Give kind of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S N	RH BUT	tchi	R	14. MOTHER'S MAIDEN NAME			
15 (Yes	. WAS DECEAS , no or ooknowo)	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ONSET AND IS Culturou any A subsalising (A) DUE TO DUE TO DUE TO MULTIPUT AND IS ONSET AND IS ONSET AND IS ONSET AND IS OUT TO AUTHORITY AND IS ONSET A							
ERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
DICAL C	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION Tuher culling 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, g							
MED	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE MATWORK 22. I hereby certify that I attended the deceased from Mely deceased after on Mely 3, 1950, that I last saw the deceased after on the date stated above 23A. SIGNATURE M. D. Hereby M. D. Court of the causes and on the date stated above 23C. DATE SIGNED							
J D	DATE RECEIVED BY LOGAL REGISTRAR REGISTRARS SIGNATURE LOGAL REGISTRAR REGIST							

VS 150

72087 (Mrs) Frances A. Hemsley 13 13



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

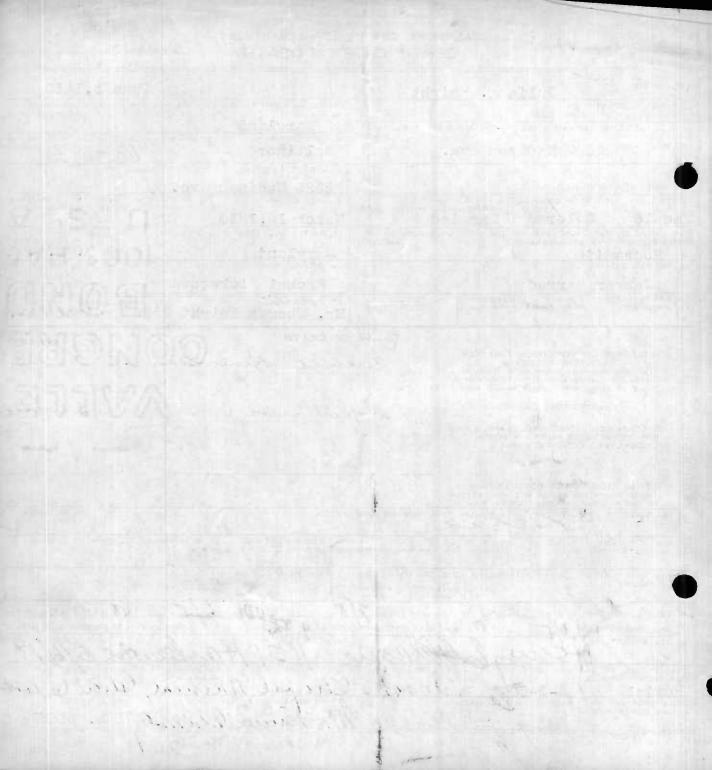
50 5115
Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) DEATH June 5,1950 Julia A. Knight 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2329 Madison Ave. township Bs1 timore p. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore 2329 Madison Ave. Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH AGE (in years If Under I Year II Under 24 Hours last birthday) Months; Days Hours: Min. 9. AGE (in years) WIDOWED, DIVORCED (Specify) Colored 70 Female Married March 16.1880 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Housewife Maryland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rachel Dickerson Jasper Harrod 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Thomas Knight 2329 Madison INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH Cerebral Hemorrhage Affectersion - > DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY7 (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT AT WORK 22. I hereby certify that I attended the deceased from_ , 19/6, that I last saw the 1.m., from the causes and on the date stated above. deceased alive on 6/5 1950 and that death occurred at 4 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA! TION, REMOVAL (Specify) Burial 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Vemdo 18 W. Biddle S

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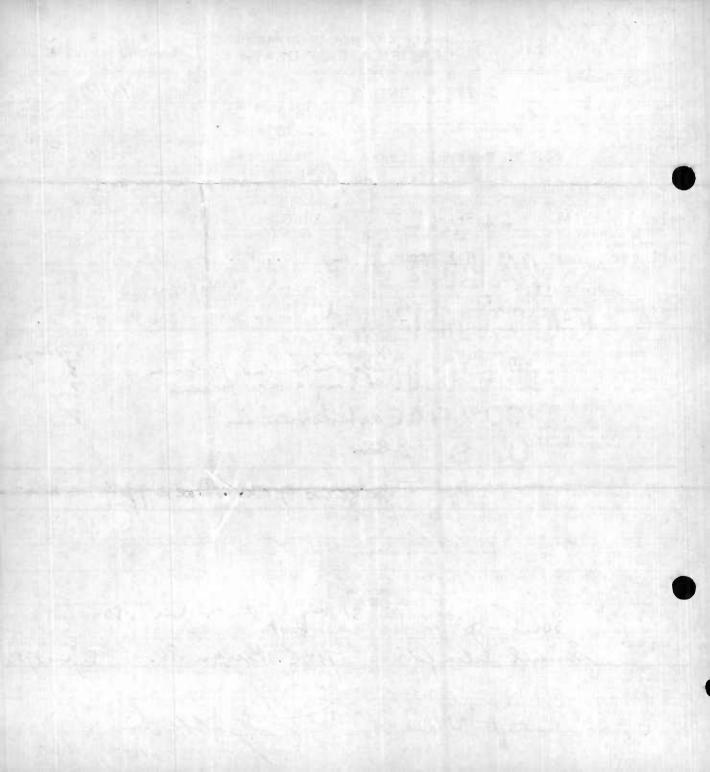
(Mrs) Frances A. Hemsley

×3a



BALTIMORE CITY HEALTH DEPARTMENT 5116 Registered No.5116 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF PETER F. REILLY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 332 E. Federal Street Batimore D. STREET ADDRESS (If rural, give location) life Mos. Length of stay in Baltimore 332 East Federal Street Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) Male White 1860 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Engineer Railread Balto., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Reilly Elizabeth Fitzgerald 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, oo or uokoowo) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, oo or uokoowo) SECURITY NO. no Mrs Peter Reilly 332 Federal St. CAUSE OF DEATH 201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. of tree streets OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. $\bar{0}$ 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF DICAL 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from , 19 Sthat I last saw the 23A. SIGNATURE 23c. DATE SIGNED 24C NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Burial Cathedral DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS PCAL REGISTRAR VS 150

GREFNMOUNT AVE &22ND



50 5117 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 30 1. NAME OF DECEASED 2. DATE (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution; residence Lister 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF c. CITY OR TOWN (If outside corporate limits/ write RURAL and give MENDOWN Baltimore
D. STREET ADDRESS (If rural, give location) St. Joseph's Yrs. Mos. . Length of stay in Baltimore 12 N. Port St. Davs 9. AGE (In years) # Under 1 Year 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 24 Hours last birthday) Months: Days Hours: Min. June 5, 1950

11. BIRTHPLACE (State or foreign country) W Single
IOA USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Raltimore Md.
14. MOTHER'S MAIDEN NAME None None 13. FATHER'S NAME James Walter Lister

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or ookoown) (If yes, give war or dates of service) Ann O'Mallev 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or ookoown) SECURITY NO. JAMES W. LISTER. INTERVAL RETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Aspiration Pneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DOCOGN ANTECEDENT CAUSES Atelectasis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 20. AUTOPSY? 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., to or 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from June 5, 1950 19, to June 6, , 1950, that I last saw the deceased alive on June 6., 1950. and that death occurred at 6:20p.m., from the causes and on the date stated above. 23A. SIGNATURE 1400 N Caroline St. . NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify) BURIAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR 2818 E. BALTIMORE ST.

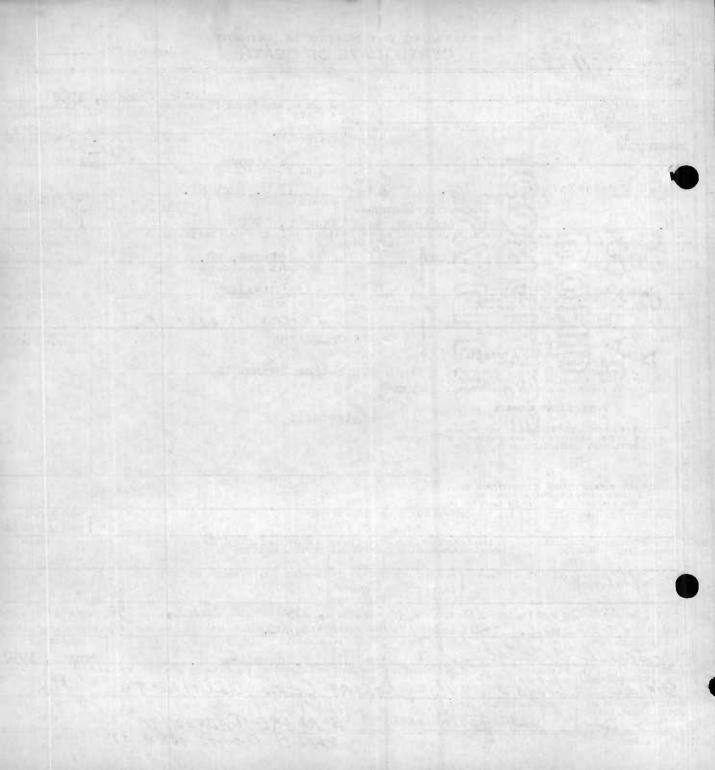
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Physicians:

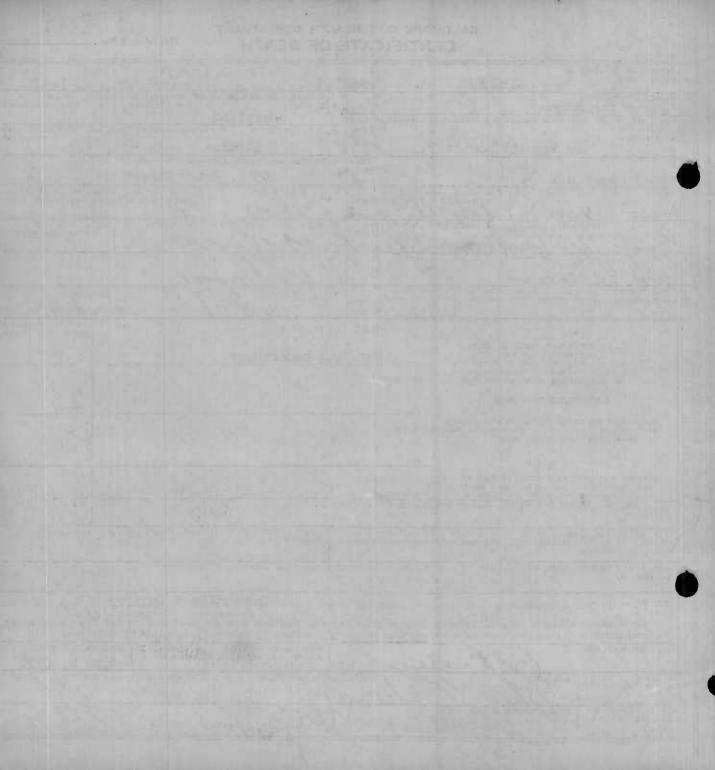
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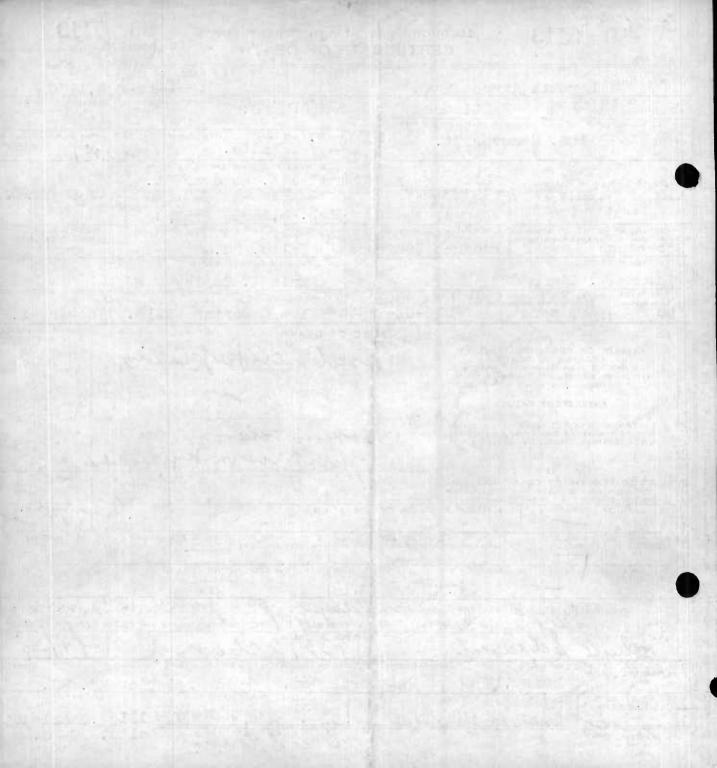
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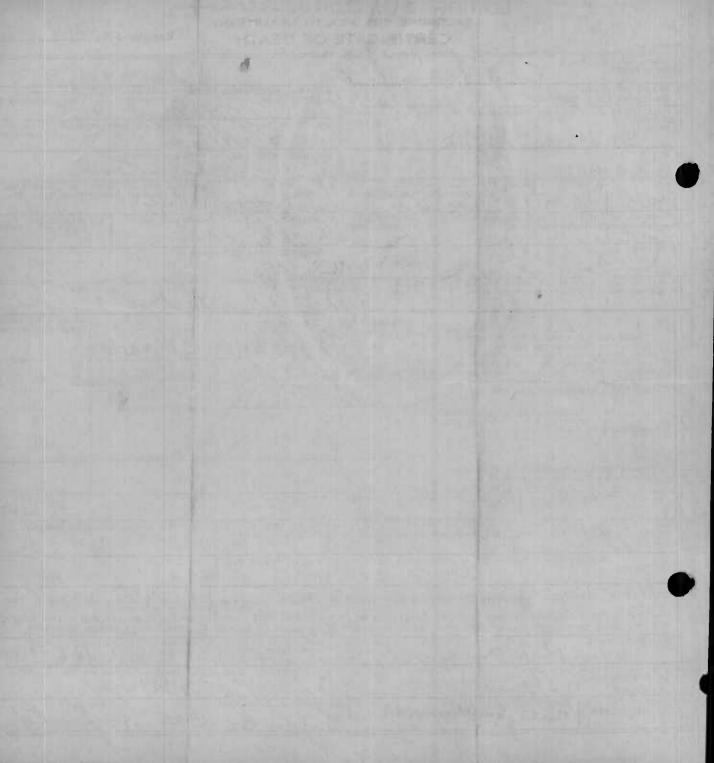
50 5118 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF SIEGRID AAHRENS DEATH June 6, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION University Hospital Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. 405 N. Eutaw Street Length of stay in Baltimore Days 7. SINGLE, MARRIED, W/DOWED, D/ORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year 5. SEX 9. AGE (in years) last birthday) Months: Days Hoors: Min. and Female White AUSUAL OCCUPATION (Gir ktmof) 10B. KIND OF BUSINESS OR INDUST
INDUST
IMA 91 (Shift Shift) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY 14. MOTHER'S MALDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY of causes INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION important. 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT especially WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23c. DATE SIGNED 238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER June 6, 1950 MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24A. BURIAL CREMA-ME OF CEMETERY OR CREMATORY 243. C 25 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS

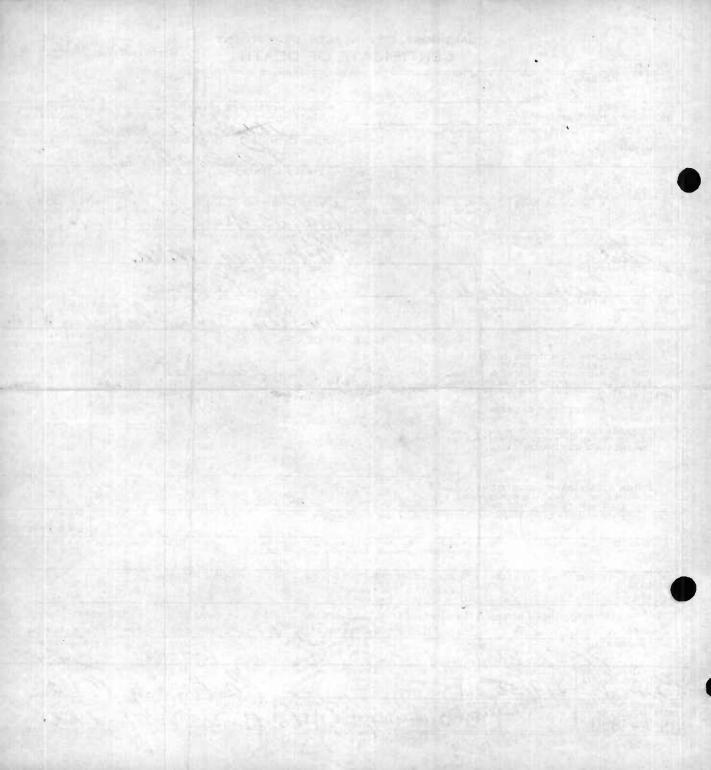


50 5119 5119 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Loretta Agnes Eagan DEATH UNE 4.1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Baltimore A. STATE B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR 1311 S. Hanover St. Iocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Balto. D. STREET ADDRESS (If rural, give location) Mos. Life 1311 S. Hanover St. Length of stay in Baltimore Days SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) SINGLE 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | I Under I Year | last birthday) | Months Days and If Under 24 Hours Hours: Min. White Feb. 8,1895 55yrs 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Bookeeper Produce Business Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas J. Eagan Annie E. Dailev 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS no none causes Helen McDorman 1311S. Hanover St. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY whole apopling LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES ND (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., In or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ecially NOT WHILE! WORK 22. I hereby certify that I attended the deceased from May 5 uue 4 . 19 that I last saw the 2, 1950, and that death occurred at 420 decrased alive on. _m., from the eauses and on the date stated above. 23B. ADDRESS 28c BATE SIGNED 23A. SIGMATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) June8.1950 New Cathedral Cem. Old Frederick Rd. Md. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR FUNERAL HOME 1216S. CharlesSt. Balto.



	CERII	IFICATE CURRE	EALTH DEPARTMENT	50	TAGO
1	30 3120	CERTIFICAT	E OF DEATH	Registered No.	DIZU
1.	NAME OF DECEASED	HENRY		2. DATE	
	Type or Print)	les Dix		OF DEATH VUNE	6,1850
3 A	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission
H	OSPITAL OR	tution, give street address or location)		Mand 1	instruct no
11	ISTITUTION INCERAL HOCAI	tal (DAQ)	C. CITY OR TOWN (IC	utside corporate limits, w	rite RURAL and give township
	24.4.2.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Yrs.	D. STREET ADDRESS (If r	upal, give location)	1 complete
	Length of stay in Baltimore	Mos. Days	8201 Hay	Lord Koon	L.
	Joseph J. Silve	GLE, MARRIED. OWED, DIVORCED (Specify)	Sunt 9-1880	9. AGE (in years If Und last birthday) Month	s Days Hours Min.
10	dong during prost of working life even if retired)	ND OF BUSINESS OR INDUSTRY	M. BIRTHPLACE (State or for	reign country) 12	. CITIZEN OF
-	Laborers.	EMETERY	Dallo M	L	WHAT COUNTRY
13	FATHER'S NAME	*	14 MOTHER'S MAIDEN NA	ME	,
15	WAS DECEASED EVER N U.S. ARMED FORCES: ne or unknown) (If yes, give war or dates of service)	? 16. SOCIAL	17. INFORMANT		161
(Ye	(If jes, give war or dates of service)	SECURITY NO.	man must	to A: 1-8	2 Tord
	18. 420.1.	CAUSE	OF DEATH	eary o	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLE LEADING TO DEATH	_Y	6 none	Discourse	ONS AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis-	e. g., (A)	OUFDHULA	NIZEGIE	
	injury or complication which caused de-				
	ANTECEDENT CAUSES	(8)			
O	DISEASES OR CONDITIONS, IF ANY, GI	VING	***************************************	•••••••••••••••••••••••••••••••••••••••	
TAT	UNDERLYING CONDITION LAST.				
IFIC	11	(C)			
ERTII	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELA	ATEG			
บ	19a. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	214 EXTERNAL CAUSE WAS 1 012 0	1405.05.111.1110			YES NO Y
EDIC		PLACE OF INJURY (e. g., in te, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE	21F, HOW DID INJURY	OCCUR?	
	m.				
	22. I certify that I took charge of the		Autongyllin	enection on Inquier	hereon and from
	the evidence obtained by said Au and death in my opinion resulted	topsy, Inspection or Information: natural causes	nauiru, find that said dec	enerd died on the d	ay stated above, termined .
	23A. SIGNATURE	une Im	238 CHIEF MEDICAL EX	(AMINER 23c. D	ATE SIGNED
2.4 TIO	A BURIAL CREMA- 24B. DATE 6/9/50	24c. NAME OF CEMETER		ATION (City, town, or co	ounty) (State)
DA	TE RECEIVED BY REGISTRAR'S SIGNAT	TURE IN THE	25. FUNERAL STREOTOR	AD	DR'ESS 0
M	CAL REGISTRAR Thurston H	mignificant of	3. J. Buck - 5	5305 Hay	ford Rd
VS	151	904	06	10	949 1





50 5122 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO.00 - 1/18 1. NAME OF DECEASED (Type or Print) 2. DATE OF Raby Boy Stallard DEATH DEATH June 3 1950

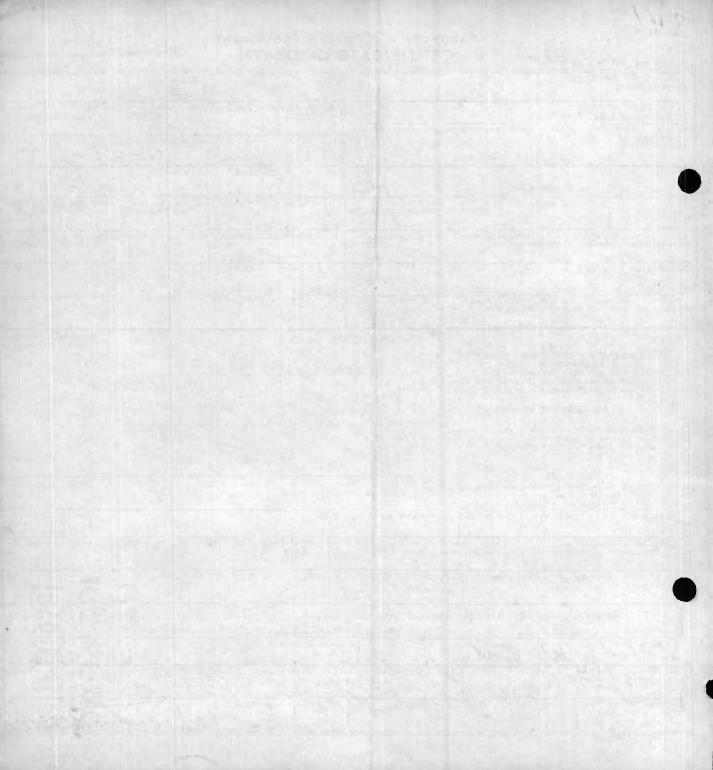
4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hospital Raltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2 da Days . Length of stay in Baltimore 2710 E. Monument Street 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years | fl Under 1 Year | fl Under 24 Hours last birthday) | Months | Days | Hours | Min. White June 1, 1950 Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None Baltimore, Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Woodland Stallard Doris Mary McFarlane 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (1f yes, give wer or dates of sorvice) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Prematurity (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from June 1, 1950 to June 3, 1950, that I last saw the deceased glive on June 3, 19 50 and that death occurred at 8:00A M. from the causes and on the date stated above. 23A, GLONATURE 23B. ADDRESS 23c. DATE SIGNED 1400 N. Caroline 2. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE 240. LOCATION (City, town, or county) TION REMOVAL (Specify) REGISTRAR'S SIGNATURE MANUEL 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS

especially

LOCAL REGISTRAR

JUN 7 += \$550

important.



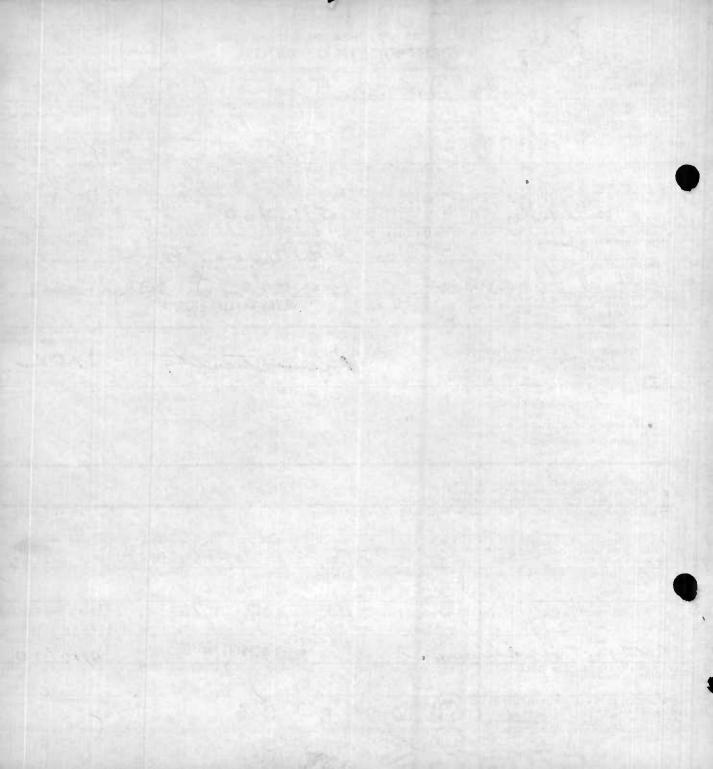
BALTIMORE CITY HEALTH DEPARTMENT 10278 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH May 24, 1950 Baby Boy, Detta Cornelius 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COLLETY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 35 Randolph Road. County . Length of stay in Baltimore Dava 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years | H Under | Year | H Under 24 Hours | Months Days | Hours | Min. 8. DATE OF BIRTH May 24, 1950 Male White Single 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul Cornelius Betty ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT Baltimore City Hospitals 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Atelectasis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Prematurity DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? AT WORK WORK 22. I hereby certify that I attended the deceased from D.O.A. _, 19 _, to __ D.O.A. __, 19 __, that I last saw the and that death occurred at 6:10 Ba from the causes and on the date stated above. deceased alive on D.O.A. 19 23A. SIGNATURE 23c, DATE SIGNED C Ave Hospitals 24A. BURIAL, CREMA-248. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) BCH Crematory May 31. 1950 Baltimore Ma. Cremation ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR -195VS 150 TO BE APPROVED BY THE CHIEF MEDICAL EXAMINER

especially important.

REFUSACE M.S. CHIEF OR ASS'T. MEDICAL EXAMINER

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	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (W)	2. DATE OF DEATH DEATH DEFE deceased lived. If institution in the country of the	6, /950 tylion /residence before admission)				
legibly.	B. FULL NAME OF HOSPITAL OR INSTITUTION AND A STATE OF HOSPITAL OR INSTITUTION Yrs. Mos. Mos. Days	D. STREET, ADDRESS (If re	untside corporate limits, wr	rite RURAL and give township)				
clearly and	5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify 104. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or for	9. AGE (in years last birthday) Months eign country) 12.					
of deat	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	H. MOTHER'S MAIDEN NA. 17. INFORMAN MOPKINS	L. Ben MOSPITAL ADDR	ESS				
ise write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	OF DEATH Promotur		INTERVAL BETWEEN ONSET AND DEATH				
Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)							
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	Ja Palitanas Citanas	20. AUTOPSY?				
imp	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. WHILE AT NOT WHILE AT WORK							
age is especially	22. I hereby certify that I attended the deceased from 5 deceased alive on 5 / 6 , 19 0 , and that death occ 23A. SIGNATURE M. D. 24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMET	erred at 10 m., from the 238. ADDRESS HOLLIS HO	e causes and on the d	109/50				
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150 VS 150 VS 150	25. FUNERAL DIRECTOR	AD	DRESS				



50 5125 BALTIMORE CITY HEALTH DEPARTMENT 5125 CERTIFICATE OF DEATH Registered No_ BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) TUNE 7, 1950 EDNA MERILLA JONES DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY MARYYAND (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give NION MEMORIAL HOSPITAL township) TOWSON D. STREET ADDRESS (If rural, give location) Yrs. Mos. EDGEVIEW ROAD Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. SEPT 5, 1890 W 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done doring most of working life, even if retired) WHAT COUNTRY? INDUSTRY NEW YORK HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME G- EDRGE MERILLA J. CARTER RUSSEZL 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknown) SECURITY NO. MRS. BERTRAM ROBBINS NO SAME INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., CARCINOMA OF PAROTIL GLAND MOS heart failure, asthenia, etc. It means the disease, WITH METASTATIC SPREAD injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE . 1950, to JUNE 7, 1950, that I last saw the 22. I hereby certify that I attended the deceased from JUNE deceased alive on JUNE 7 1950, and that death occurred at 6 15 A.m., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) KEMOURI DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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Physicians:

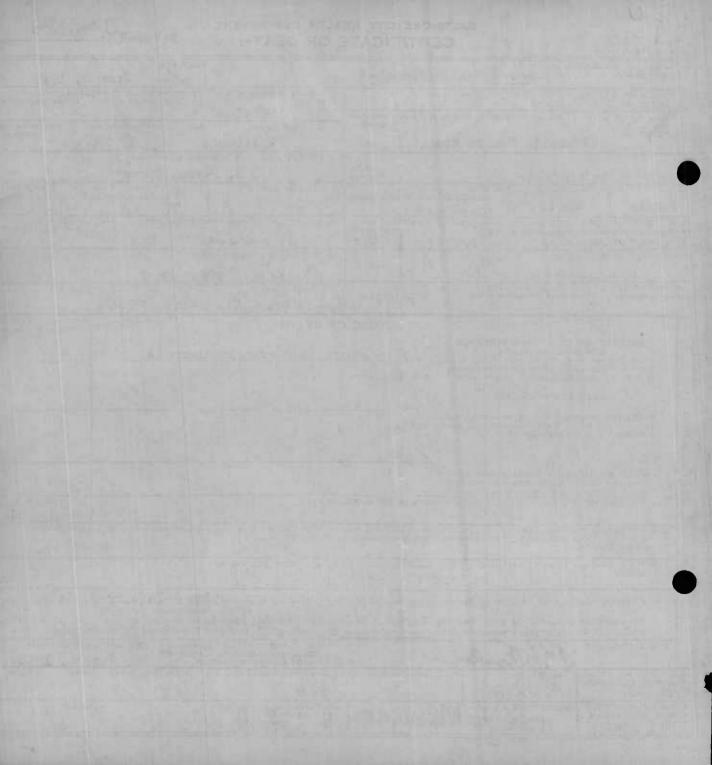
BALTIMORE CITY HEALTH DEPARTMENT

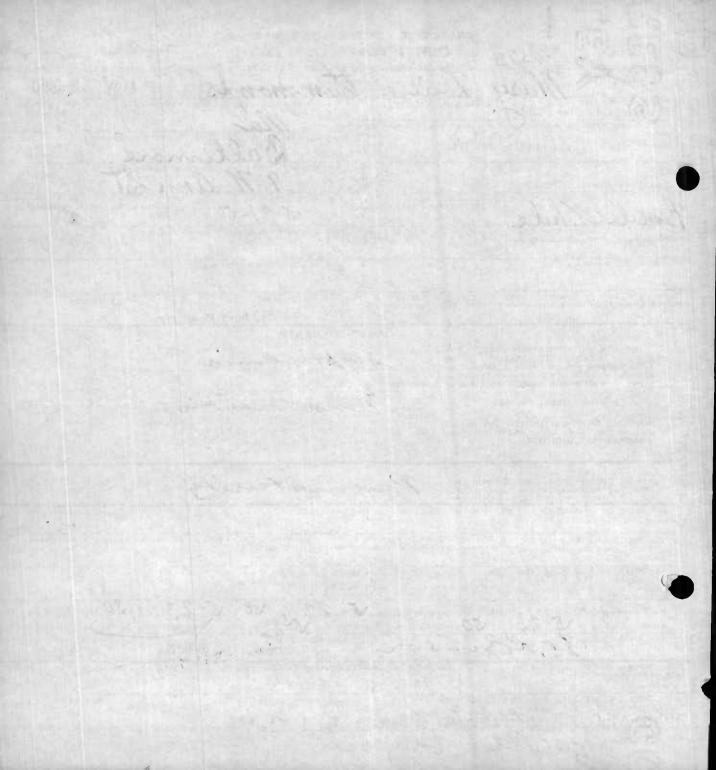
CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF LOUISE FLECK June 6, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Franklin Square Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 310 S. Payson Street Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) | Months: Days Hours: Min. Female White make 10A. USUAL OCCUPATION (Give kind of work done during most of working life oven if retired) 108 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF NOUSTRY WHAT COUNTRY Wired Inoprietor many 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME manue 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Generalized arteriosclerosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in ar 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident , suicide , homicide , undetermined . 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR June 6. 1950 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR GREMATORY 240. LOCATION (City, town, or county) 248. DATE

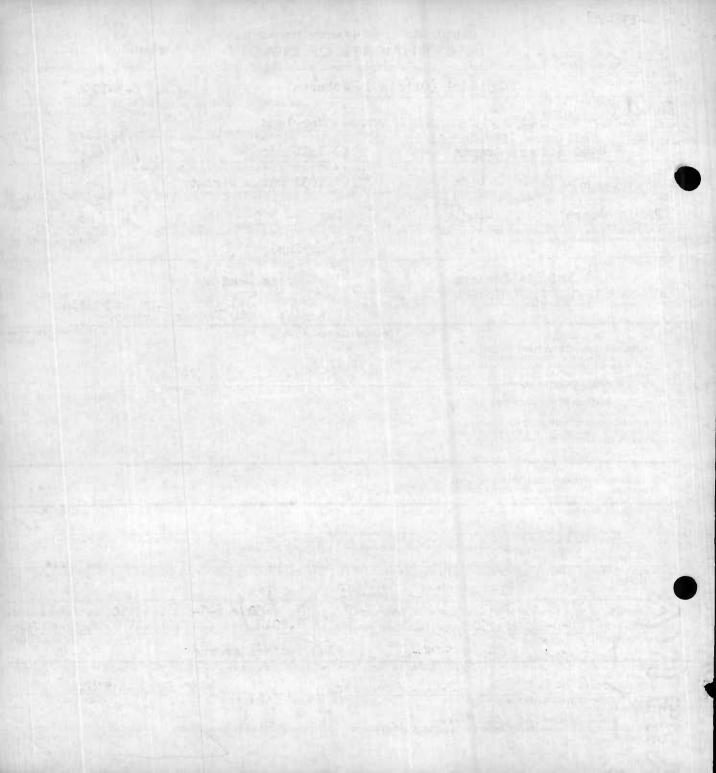
VS 151

DATE RECEIVED BY LOCAL REGISTRAR

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3	5130 CERTIFICATE	E OF DEATH Registered No.	0.200
3	1. NAME OF DECEASED (Type or Print) JOSEPH K	AZE 2. DATE OF June 5	5, 1950
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before admission
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	Maryland c. CITY OR TOWN (If outside corporate insits,	write RURAL and giv
	Johns Hopkins Hospital	Baltimore 24-	03
	Length of stay in Baltimore Days	317 E. Cross Street	
	S. SEX G. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White	April 9.1880 9, AGE (in years last birthday) Monti	der I Year If Under 24 How hs Days Hours Min
4	10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR rock done during root of working life, even if netited) INDUSTRY	17 BIRTHPLACE (State or foreign country) 12	WHAT COUNTRY
	13. EATHERS NAME	14. MOTHER'S MAIDELY NAME	
	15. WAS DECEASED EVER IN U.S. ASTMED FORCES? (Yes, no or unknown) (If yes, the war of dates of service) SECURITY 10	17. INFORMANT RUSSIAN Charles	PST C. Z.
-	18. 420, CAUSE	OF DEATH	INTERVAL BETWEE
	(The disco second one store or discoll or Bil	ry artery sclerosis	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES		
	_ (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED		
	TO THE DISEASE OR CONDITION CAUSING IT.		
	U 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	YES X NO
	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., e CAUSE OF DEATH.		e exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRY OF INJURY MHILE AT NOTH HOTOLOGICAL AT WORK	21F. HOW DID INJURY OCCUR?	
	22. I certify that I took charge of the remains described a	bove, held an Autopsy	thereon and from
	the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\supseteq \), unc	day stated above letermined [].
	Stanley & Durlacles M	The state of the s	DATE SIGNED
	141. BUTTAL CREMA DATE 8-50 Holy Truly K	WASSEN COLONICITY, LOWIN, A COLONICITY, LOWIN, A	County) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	19 Stellanker 1 19656	Prett St
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)	5131				EALTH DEPARTMENT E OF DEATH	Registere		5131
1.	NAME OF DE	CEASED HRO	пипм	71 -		2. DATE OF	. 8	
	PLACE OF DE	11 37 1 1/4	HITHEL	ewort St	4. USUAL RESIDENCE ()	DEATH W		: residence fore admission)
8. H	FULL NAME O OSPITAL OR ISTITUTION			give street address or location)		outside corporate li		
1	1	Tembla	the Ho	we Yrs.	D. STREET ADDRESS (18	rura, give location)	407	township)
1000		ay in Baltimore	\	JO Dan	4205 Hor	folk	00	e
11	ale	White		DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Day	Hours Min.
10 wor	A. USUAL OCC	WORLD (Give kind of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign (ounty)	12. CITI WHA	ZEN OF
1:	FATHER'S N.	6	renderate)	The second	14. MOTHER'S MAIDEN N	AME		
1! (V.	5. WAS DECEASED	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16	. SOCIAL	DINFORMANT		ADDRESS	
-	1		0.000	SECURITY NO.	henaldages	4205/1	orfor	ex los
	18. 44 DISEAS	E OR CONDITION	DIRECTLY	CAUSE	OF DEATH	<i>- n</i>		T AND DEATH
1	heart failur	not mean the mode of e, asthenia, etc. It mea	of dying, e.g., ins the disease,	(A) Hyp	erlenent arle	enoscler	olic 3	- tyro?
		complication which of ANTECEDENT CAUS		DUE TO VCA	raco - vascul	iraisea	se.	
NOL		OR CONDITIONS, I		(B)				
RTIFICATION		ING CONDITION LA						
RTIF		II IGNIFICANT COND		(C)			- Comment of the comm	
CE	TO THE DI	TO THE DEATH, BUT SEASE OR CONDITION OPERATION 1	CAUSING IT.	NDINGS OF OPER	ZATION			AUTOPSY?
EDICAL		0				74.1 D.M.	YES	NO O
	HOMICIDE	(Specify)		OF INJURY (e. g., i actory, street, office bldg.,		If in Baltimore City	y, give exact	location)
X	210, TIME (J	Month) (Day) (Year)	(Hour) 21E.			Y OCCUR?		
	22. I hereby	certify that I att	ended the dee	11	en 1950, to	lue 8 , 19	50 that I	last saw the
	deceased ali		. 19 50 and	that death occur	rred at	he causes and on		ATE SIGNED
2	4AN BURIAN C	REMA- 24B. DATE	Match	M. D.	84 OR CREMATORY 246. L	OGATION Wity, to	E Lu	ne 8/950
TI	DURIAL, CONFREMOVAL (SI	6-8-	10 AC	brew &	every kum	Bali	5/	ma
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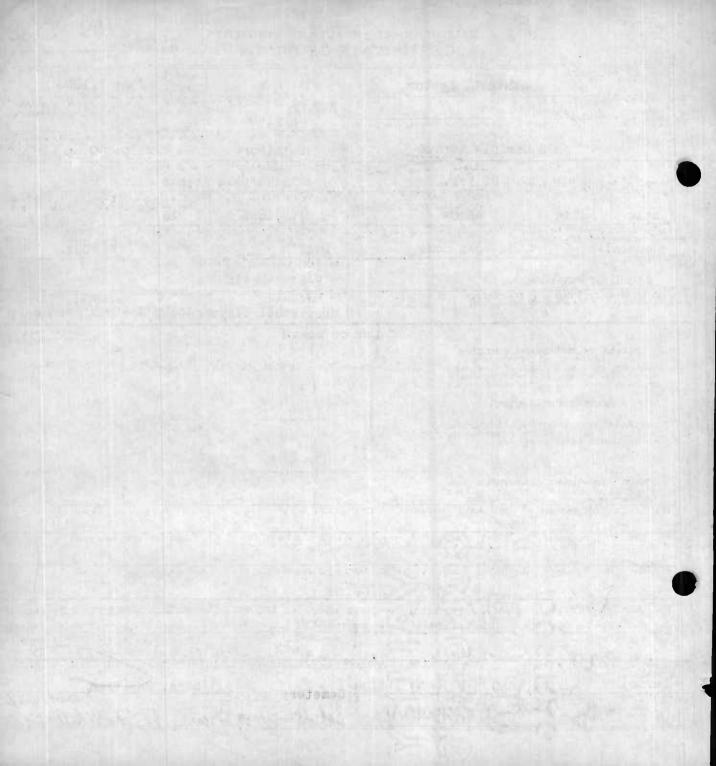
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

181950 5132

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В	IRTH NO.			CERTIFICATI	E OF DEATH	Igegistered	No.
1. (T	NAME OF DE	ECEASED AY	mie E.	Levine		2. DATE OF June	e 7,1950
A.		ity, Maryland			4. USUAL RESIDENCE		f institution; residence before admission)
H	FULL NAME (OSPITAL OR ISTITUTION	4329 No		tion, give street address or location) venue		If outside corporate lim	its, write RURAL and give
0	Length of st	ay in Baltimore	55 Yr	Yrs. Mos. Days	o. STREET ADDRESS (14329 Norfolk		
5.	Female	6. COLOR OR RACE		E. MARRIED.	B. DATE OF BIRTH July 12,1893	9. AGE (In years Jast birthday)	If Under 1 Year II Under 24 Hours Ionthis Days Hours Min.
1C work	A. USUAL OCC A doueduring most of Housew	CUPATION (Give kind of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Russia	foreign country)	USA.
13	Jacob	Greenfeld			14. MOTHER'S MAIDEN	NAME	
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ethel Clay		ADDRESS folk Avenue
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not menn the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ODISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
TIF		11		(C)			
CER	TRIBUTING	IGNIFICANT CONE TO THE OEATH, BU' SEASE OR CONDITION	NOT RELAT	'ED	······································		
SAL		-		R FINDINGS OF OPER			20. AUTOPSY?
MEDICAL	HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg., c		(If in Baltimore City,	give exact location)
Š	210. TIME (Month) (Day) (Year	m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
	deceased al	y certify that I at	tended the	and that death occur	red at \$ 3 m., from	the causes and on	that I last saw the the date stated above.
	23A, SIGNAT	me E. C	مرا	mes M.D.	38. ADDRESS 2217 Serve 4		23c. DATE SIGNED
2. Ti	AA. BURIAL, CON REMOVAL (S)	rema- pecify) Tune 9,1	950	24c. NAME OF CEMETE Beth Tfiloh	RY OR CREMATORY 240.	timore. Mary	land
DL	ATE RECEIVED	BY RECISTRA	S SIGNAT	Villiance, MC	Sel Levisson &	ra. W.	horth ane.

corr t age is especially important. Physicians: please write the causes of death clearly and legibly.



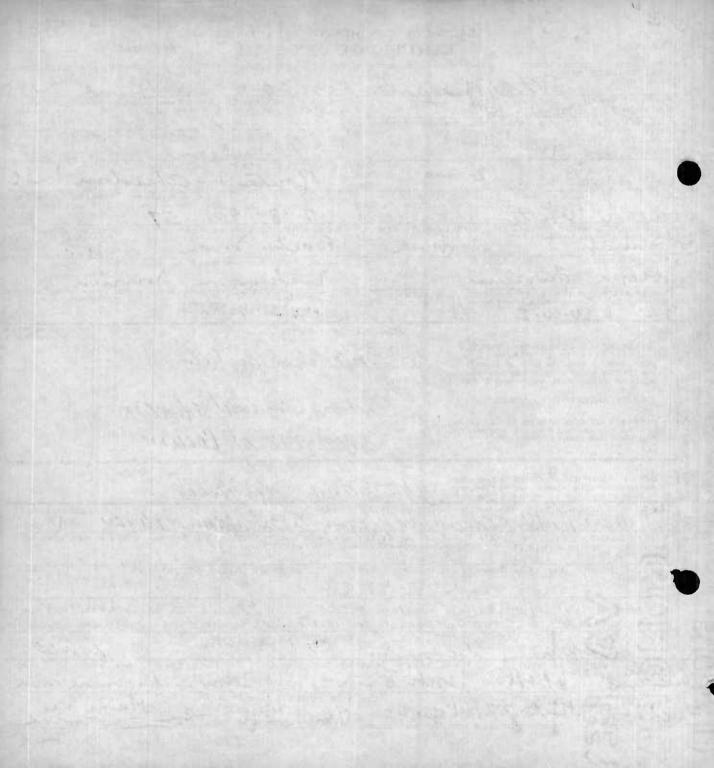
50 - 5133BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland, A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION OHNS HOPKINS HOSPITAL township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE If Under 1 Year 9. AGE (In years) If linder 24 Hours WIDOWED, DIVORCER (Specify) last birthday) | Months: Days | Hours | Min. arres 10A USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12, CITIZEN OF work food during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or unkoown) SECURITY NO OHRS ROPKINS HOSPITAL yes 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION / 2 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 214. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE ATT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 4-10-19 540 . 19 5 Sthat I last saw the deceased alive on 6 - 7 - 19 5 Pand that death occurred at 2 5 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) taure de Trace mel 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS VS 150 was it has sent yet .

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) PEPER HENRY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Ron location) C. CITY OR TOWN (If outside conforate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Box 36. . Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 11.12, clearly IOA. USUAL OCCUPATION (Give kind of IOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done doring most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or onkoown) (If yes, give war or dates of service) SECURITY NO. causes 18. CAUSE OF DEATH 1210 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ASCOV ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, DUE TO Physicians: (C) П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF rostate The aderions 5.23.50 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 210, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Silf. So 19 to 6. 2. 30, 19 that I last saw the ___, 1950, and that death occurred at 2-169 m., from the causes and on the date stated above. deceased alive on b.). 23A. SIGNATURE 23B. ADDRESS Becker

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

ADDRESS INTERVAL BET ONSET AND DEATH 20. AUTOPSY NO V (If in Baltimore City, give exact location) 23c. DATE SIGNED 6.). 50 24D. LOCATION (City, town, or county)

township)

If Under 1 Year

12. CITIZEN OF

WHAT COUNTRY

VS 150

Burial

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

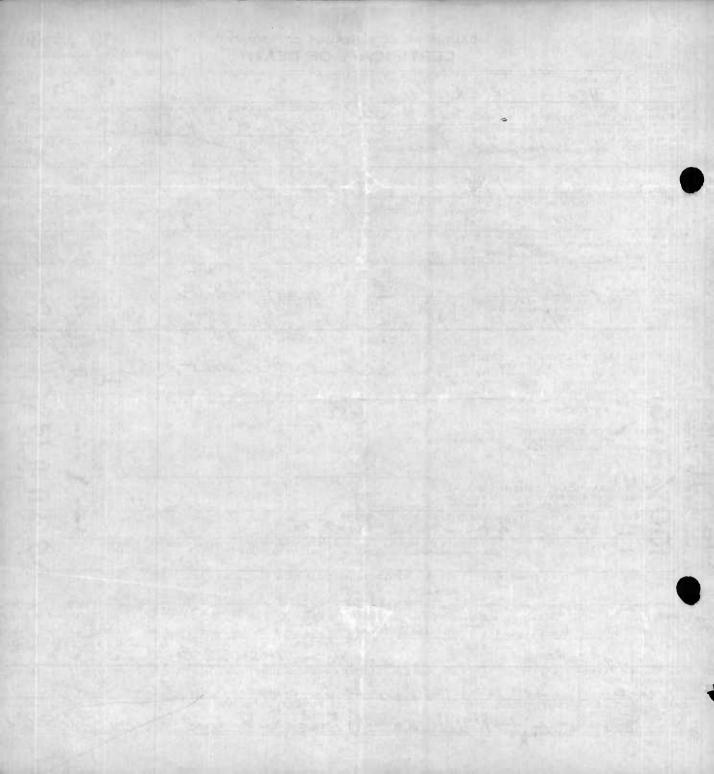
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LOCAL REGISTRAR

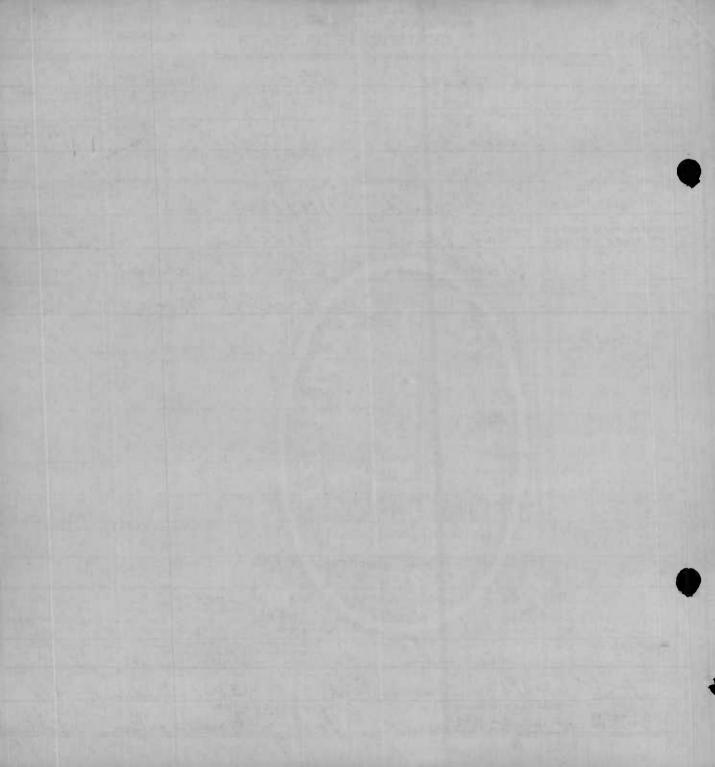
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une 10,1950

REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) ' i not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write BURAL and give INSTITUTION O. STREET ADDRESS Mos. ingen Length of stay in Baltimore Days 6. COLOR OF RACE SINGLE, MARRIED 9. AGE (in years | If Under I Year | II Under 24 Hours | Inst birthday) | Months: Days | Hours | Min. DOWED, DIVORCED (Specify) 66 10A. USUAL OCCUPATION (Givekindof HPLACE (State or foreign country) BUSINESS OR 12. CITIZEN OF work done during most of working life, eyen if retired. INDUSTRY WHAT COUNTRY Ludiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 15. WAS DECEASED EVER VU. S. ARMED FORCES?
(Yas. no or unknown) (If yes give wer or dates of service) U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY A texis selentia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DILE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21c. WHERE DID 218. FLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses 1. aecident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL CREMA-240. LOCATION (City, town, or county) TION, REMOVAL (Specify) bremation 25 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS IN 8 - 1950 VS 151



NOT WHILE!

23B. ADDRESS

24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

25 FUNERAL DIRECTOR

Baltimore, Md.

9/7/46, 19 to June 6th, 1950, that I last saw the deceased alive on June 6th, 19 50, and that death occurred \$6:30A.m., from the causes and on the date stated above. 23c. DATE SIGNED 4603 Park Heights Ave.

23A. SIGNATURE

important.

DATE RECEIVED BY JUN 8 - 1950

OF INJURY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 6/10/50

Cathedral Cemetery. REGISTRARIS SIGNATURE

WHILE AT

22. I hereby certify that I attended the deceased from.

278 X2

4611 Park Heights Ave

ADDRESS

VS 150

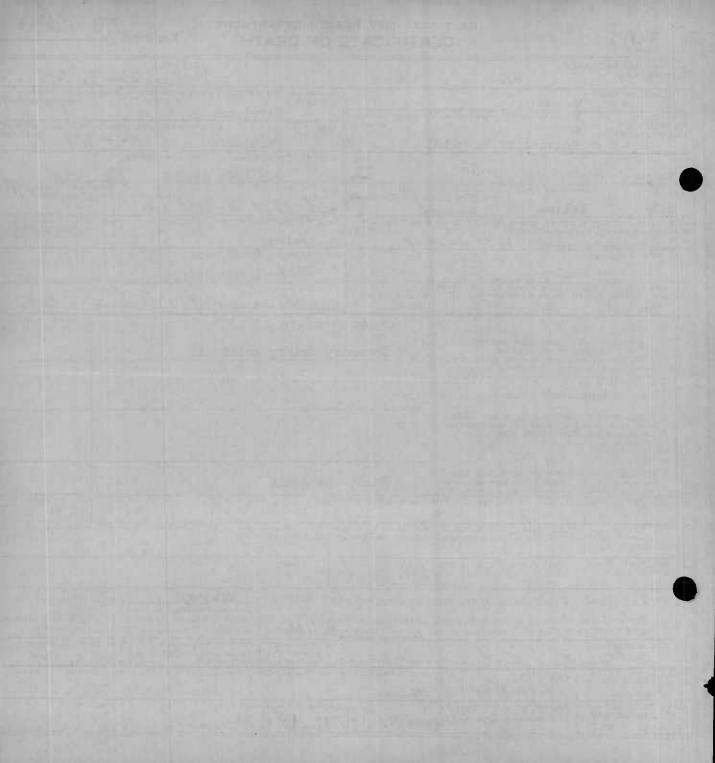
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Registered No. 5137 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE AUGUST ELMER BECKER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY -6. W before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION West Itimore p. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Poplar (-rove Days 7. SINGLE, MARRIED 5 SEX 6. COLOR OR RACE 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Sept. 5, 1887 Murried 10A. USUAL OCCUPATION (Givekindnf) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Picture Developer Photographer Service 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John L. Becker Mary A. Baer 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no pr ppkpowp) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 215-07-3281 no Mrs. A. E. Becker 1134 Poplar Grove St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH uetis arterio saleratio Cardio Vasceles (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20 AUTOPSY important. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, pflice blds., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 531 , 1950, to 6/7 ____, 1950, that I last saw the deceased alive on 6 7 . 1950 and that death occurred at 6 % Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY I 248. DATE 24D. LOCATION (City, town, or county) Loudon Park Cem. Balto. Md. Burial 6/10/50 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS UN 8 - 1950 VS 150

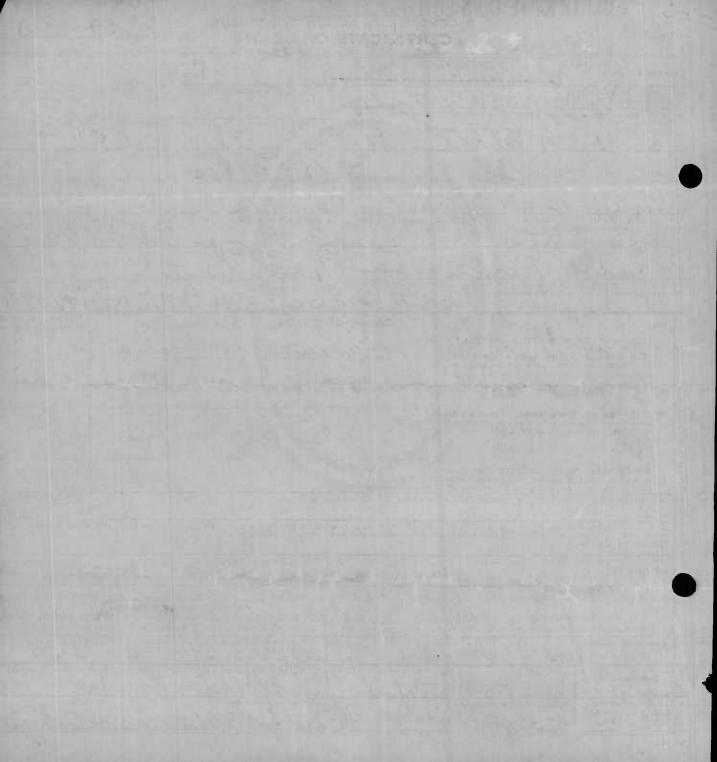
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BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) annes DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Marylan A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) If outside corporate limits, write RURAL and eve C. CITY OR TOWN INSTITUTION unor Yrs. O. STREET ADDRESS (If rural give location) Mos. . Length of stay in Baltimore Days 5. SEX and 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) last hirthday) Months Days Hours Min. H Under 1 Year clearly 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY SA-13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) es, give war or dates of service) SECURITY NO. 300 n. INTERVAL BETWEEN 18. CAUSE OF DEATH 422,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. Physicians: H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT important. 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE [AT WORK 22. I hereby certify that I attended the deceased from 19 10_ _, 19 __, that I last saw the m., from the causes and on the date stated above. deceased alive on 19 and that death occurred at 23A. SIGNATURE 23B. ADDRESS 28C. DATE SIGNED 24A. BURIAL, CREMA 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 248. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 DUNGRAL DIRECTOR ADDRESS JUN 8 - 1950 661W. Bar WYS COM VS 150 Maria Maria Mandal Company

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	500		BAI	LTIMORE CITY H	EALTH DEPARTM	ENT		50	5139
0	5139			CERTIFICAT	E OF DEATH	Re	egistered	No.	3.400
	RTH NO.	CEACED				l 2. DAT	-		
	NAME OF DE type or Print)		00	LEN		OF	Ton	ne 5,	1950
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-		ity, Maryland			A. STATE Marvl.		COUNTY	b	efore admission
H	FULL NAME (OF (If not in nosp	ital or institut	tion, give street address or location)			rporate lim	its, write I	RURAL and giv
11/	ISTITUTION	Universi	tar Hosn	ital	Balti		4	-0	township
		011210101	0, 1100	Yrs.	D. STREET ADDRES		location)		
	Length of st	ay in Baltimore	30	Mos.	322 P	ark Avenue	9		
3.		6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE	(In years	It Under 1 Yea	
	Male	Yellow	WIDOX	VED, DIVORCED (Specify	all 1890	- 11	oirthday)	ionths: Da	Hours Min.
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13	FATHER'S N	ryman)	700	7	14. MOTHER'S MAIL	DEN NAME		1	
		noh K	no an inde	/	not K	nown			
		D EVER IN U. S. ARMI		16. SOCIAL	17. INFORMANT	-0000		ADDRESS	
(Ye		(If yes, give war or da	tes of service)	SECURITY NO.	may Chen, L	no 322	Park	The	City #1
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	18. 47	011			OF DEATH				SET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not make the mode of duing a great point to mode of duing a g								
		not mean the mode		8.,			***************************************		******************
	injury or	complication which	caused deat	h.) DUE TO					
		ANTECEDENT CAL	JSES						
z	DISEASES	OR CONDITIONS.	IF ANY, GIVI	(B)	***************************************	********************	***************************************		
RTIFICATION	RISE TO TI	HE ABOVE CAUSE (A) STATING T						
.A.	ONDERE	mo construct	LA31.						
FIC		- 11		(C)					
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Ш	TO THE DI	TO THE DEATH, BU	N CAUSING	11.	pneumonia				
O	19A. DATE O	FOPERATION	198. MAJOR	FINDINGS OF OPE	RATION				AUTOPSY?
AL	O. EVTERN	11 611165 11146	1 21= 51	ACE OF INDIRA (in or 21c. WHERE DIE	O (If in Balt	more City		et location)
DIC	PRIMARY	AL CAUSE WAS	about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,			imore City,	give exa	st location;
Ш	CAUSE OF D								
Σ	OF INJURY	Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR		NJURY OCCUR	:?		
			m.	WHILE AT NOT WHILE AT WORK					
	22. I certif	y that I took che	arge of the	remains described		Autopsy			eon and from
	the evi	dence obtained by	u said Aut	opsy, Inspection or	Inquiry, find that s	topsy, Inspection aid deceased	or Inquiry	the day	stated above
	and dec	th in my opinion	n resulted	from: natural cause	s 🕱, accident 🗆, si	uicide [], hom	icide [],	undeter	$mined \square$.
П	23A. SIGNAT	URE	110	,	23B. CHIEF MED	ICAL EXAMINE		3C. DATE	SIGNED
	ATL	auler 1	x. Ne	ulacher 1	ASSISTANT MEDICAL INVES	TIGATOR	٠ 🗆 ا و	June 5	, 1950
	AA. BURTAL, CON REMOVAL (S)		101	24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION	(City, tow	n, or count	ty) (State)
	Burial	June	18/50	dorraine		Woodla	wn,	mol	
	ATE RECEIVED		S SIGNATI	P.F.	25. FUNERAL DIREC	CTOR	2	ADDRI	ESS
1	11N Q - 10	50	THE MENT	might a start of	Toward & n	Town (. 108	10.1	Josta 4
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CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give lesation) Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH 6. COLOR OR RACE and narres AOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BATHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY Dorrestu 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes. give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT (Yes, no or unknown) SECURITY NO 1.3-18-383 18. 002 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and-death in my opinion resulted from: natural causes \mathbb{K} , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 249. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS LOCAL REGISTRAR VS 151 52086



BALTIMORE CITY HEALTH DEPARTMENT

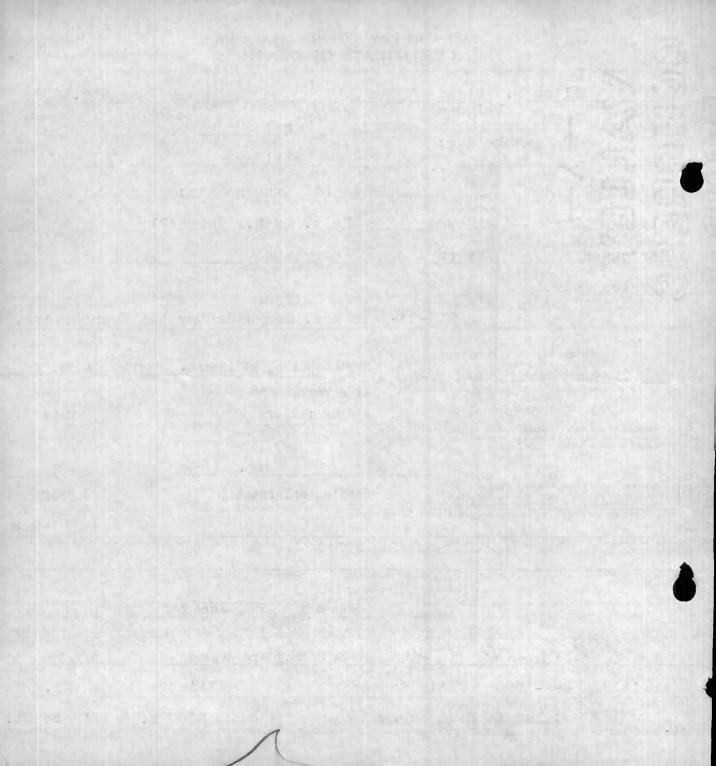
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В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	l No
	NAME OF DECEAS	ilton S	. Nels	son		2. DATE OF TIME	e 6th.1950
3 A.	PLACE OF DEATH: Baltimore City, N	B	altimo		4. USUAL RESIDENCE		
H		(If not in hospit 48 Wyan		tion, give street address or location)	Maryland c. CITY OR TOWN Baltimore		mits, write RURAL and give township)
	Length of stay in			life Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	
5.		or or RACE		E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	ff Under 1 Year H Under 24 Hours Months Days Hours Min.
WOL	A. USUAL OCCUPATE Adopting most of working Bartender	ION (Give kind of		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Maryland		12. CITIZEN OF WHAT COUNTRY?
13	Charles N	elson			14. MOTHER'S MAIDER	NAME	
15 (Ye	. WAS DECEASED EVER		FORCES? s of service)	16. SOCIAL SECURITY NO. 219-03-5618	17. INFORMANT Mrs. Madge S	Schley 548 V	ADDRESS Nyanoke Ave.
ERTIFICATION	(This does not m heart failure, asth injury or compli	enia, etc. It mes cation which of CEDENT CAUS ONDITIONS, 1 OVE CAUSE (A) CONDITION LA	TH of dying, e. caused deat SES F ANY, GIVI	g., (A) Hyr use, see, as th) DUE TO as kid	pertension, mal	ignant, severe	4 years 7 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					rdiac enlargemen	nt	l year
	19A. DATE OF OPE			R FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A ACCIDENT, SI HOMICIDE (Spec	DICIDE, cify)	218. PL about home,	ACE OF INJURY (e. g., i, farm, factory, street, office bldg.,	n or 21c, WHERE DID otc.) INJURY OCCUR?	(If in Baltimore City	y, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MHILE AT NOT WHILE AT WORK MORK							
	22. I hereby cert deceased alive on	June 5	ended the	and that death occur			on, that I last saw the the date stated above.
	23A. SIGNATURE	Uswo	th	Cook M.D.	2431 Maryland		6/7/50
TI	4a. BURIAL. CREMA- ON, REMOVAL (Specify) Burial	248. DATE 6-9-19	50	Holy Redeem	RY OR CREMATORY 24	b. Location (City, to Baltimore	Md.
D	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR	from 1/1	Wie Mills	25. FUNERAL DIRECTO		ADDRESS Baltimore St.

71071

VS 150

age is especially important. Physicians: please write the causes of death clearly and legibly.



Mrs. Ruth Essex 712 E. 41st. St. CAUSE OF DEATH 20.0 ONSET AND DEATH ChroNIC MYOCARDITIS X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) MYOCARDIAL Degeneration (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arterio scleratio Heart

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Scheralize D Areterischers

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

20. AUTOPSY

(If in Baltimore City, give exact location)

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21D. TIME (Month) (Day) (Year) (Hour)

OTHER SIGNIFICANT CONDITIONS CON-

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

. 1949, to June 6, 1950, that I last saw the

22. I hereby certify that I attended the deceased from I une 1 deceased alive on Dune 6, 1950, and that death occurred at 6,55 m., from the causes and on the date stated above,

23A. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY I

24A. BURIAL, CREMA-TION, REMOVAL (Specify) BUT121 6/8/50 DATE RECEIVED BY REGISTRAR'S SIGNATURE

ADDRESS

LOCAL REGISTRAR

OF INJURY

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Write

Mt. Carmel

A. A. Co. 26. FUNERAL DIRECTOR

May 3000 E. Baltimore St

23c. DATE SIGNED

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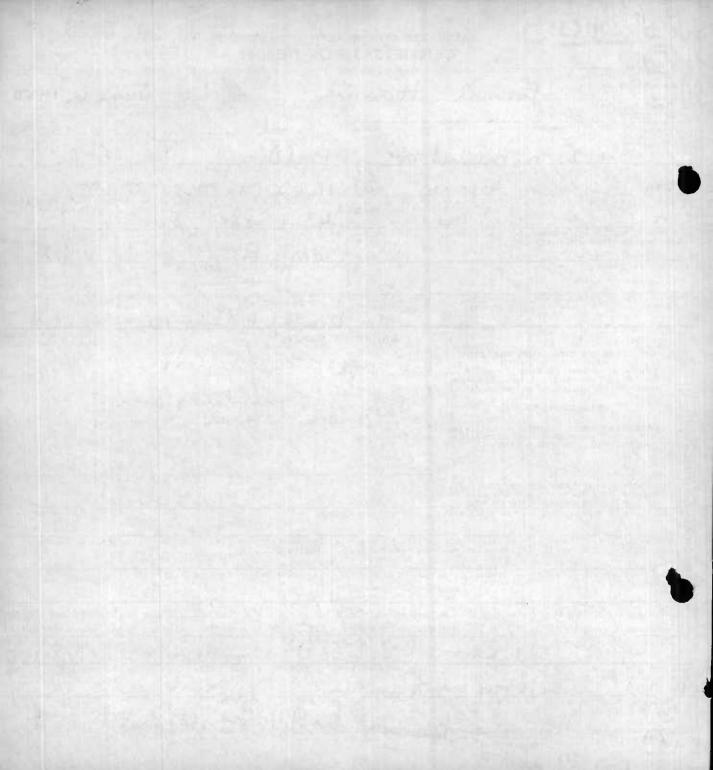
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rage is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

В	CERTIFICATE OF DEATH Registered No						
	NAME OF DECEASED type or Print)	ank	Harri	d	2. DATE OF DEATH	0761 01	
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESID	ENCE (Where deceased lived, If ins	stitution; residence before admission)	
H	DSFITAL OR	al or institution	on, give street address or location)	c. CITY OR TOW	(If outside corporate limits, y	grite RURAL and aive	
11	STITUTION 1023 %.	may	A &	Belta	16	township)	
			Yrs. Mos.	D. STREET ADDR	ESS (If rural, give location)	1	
5	Length of stay in Baltimore SEX [6.COLOR OR RACE]	7 SINGLE	Days Days	B. DATE OF BIRT	H 9. AGE (In year) If Und	der I Year II Under 24 Hours	
-	m e	WIDOWE	ED, DIVORCED (Specify)	Sept .		hs Days Hours Min.	
1C wor	A. USUAL OCCUPATION (Give kind of done damps appet of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign country) 12	2. CITIZEN OF	
15	FATHER'S NAME			Wash	J.C.	U.S. K	
'	- TAINER S NAME			14. MOTHER'S MA	TIDEN NAME		
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	ADD	RESS	
((1. 300, 8.10 mill of dates	or service,	SECURITY NO.	Dowlhy	Watering 1023 n. 9	testimon	
	18. 420.0		CAUSE	OF DEATH	1	INTERVAL BETWEEN	
	DISEASE OR CONDITION LEADING TO DEAT	TH	Citron	1 CATES	Lailane		
	(This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of	ns the disease					
	ANTECEDENT CAUS		Hosper	Emino	interoppenta		
Z	DISEASES OR CONDITIONS, II		(B)	at any	int		
ATIC	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE	E DUE TO				
ERTIFICATION			(C)				
RTI	OTHER SIGNIFICANT CONDI	TIONS CON					
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	CAUSING IT					
AL	19A. DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
EDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)		CE OF INJURY (e. g., ic rm, factory, street, office bldg., e				
ME							
	ID. TIME (Month) (Day) (Year) F INJURY	` '	HILE ATE NOT WHILE	D 21F. HOW DIE	INJURY OCCUR?		
	00.77	m.	WORK LAT WORK	<u> </u>	19. 9.5.6 10.50	2	
	22. I hereby certify that I att deceased alive on	2 19 577 a	deceased from	red at m	, from the causes and on the	that I last saw the	
	23A. SIGNATURE	4 10		3B ADDRESS		23C. DATE SIGNED	
2.	AA. BURIAL, CREMA- 248. DATE	12	M. D. 4C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town, or	county) (State)	
TI	Sural Specify		ant auleu		and		
	ATE RECEIVED BY REGISTRAR			25. FUNDRAL DI	ECTOR A	DDRESS	
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1	UN 80150 350 11mi	tueter	AND THE PERSON NAMED AND PARTY OF TH			935	
			The British of			101	



The The	FO F1	E OF DEATH Registered No		
lied.	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:		
supplied	(a) Baltimore City, Maryland	(a) State (b) County		
r su	(b) Street address 642 litely	0 15		
carefully legibly.	(c) Hospital or institution:	(c) City or town (If outside city or town limits, write RURAL and give town)		
ref		(d) Street No. 642 Patched ST		
ca	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)		
be	(e) Length of stay in Baltimore (yrs., mos., or days)	(e) Citizen of foreign country?(Yes or No)		
Tho and	3 (a) FULL NAME	. If yes, name country		
sh	Edward Martin Jacks			
information s of death cle	3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION		
nat	No.	20. DATE OF DEATH June 5 1950, at 5 Pt M		
f de	4. Sex 5. Color or race 6 (a) Single, married, widowed, or diversed.	21. I certify that death occurred on the date above stated; that lattend-		
ini s o	Male Colour Married	ed deceased from 19.00, to ham 5 19.145		
of	6 (b) Name of husband or wife Ethel B. Yachson	and that I last saw h. han alive on		
ca	6 (c) If alive, give age years	Immediate cause of death Durstion		
y item of i	7. Birth date of deceased (mo., day, yr.) June 5, 1885	Metastetic Common of Liver 2 mo		
Every write th	8. AGE: Years Months Days , If less than one day	2 jumdre and to este		
WF	65 0 0 min.	Due to Cartana Cartana		
K.	9. Birthplace Washington Ll.C.			
INK.	(Town, county, and state)	Due to		
5.5	10. Usual Occupation	Other Conditions.		
UNFADING Physicians:	« V	Little Section Stranging Security (Security Security Secu		
FA	E 12. Name Lundenman	(Include pregnancy within 3 months of death)		
Phy	13. Birthplace	Date of operation		
	# 14. Maiden Name Butha Monroe	death should be		
MLY, WITH important.	14. Maiden Name Buths Monroe 15. Birthplace 16 (a) Informant Ethol & Junion W.J.	of autopsy: charged statistically.		
y v	16 (a) Informant that a Julian life.	22. If death was due to external causes, fill in the following:		
INLY,	(b) Address 642 Pitcher D	(a) Accident; suicide, or hornicide.		
Z A	0 0	(b) Date of occurrence		
PL.	(Burial, cremation, or removal) (Burial, cremation, or removal)	(c) Where did injury occur?		
回	(c) Cometery of crematory That. Chubush	(City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public		
S S	Location Sultimine Ind.	place? While at work?		
W	18 (a) Funeral director Halland Funeral Hon	(Specify type of place)		
3E ag	(b) Address / 631 Krund Still au,	(e) Means of injury.		
EA	10 (-)	23. Signature M. D.C.		
PLEASE WRIT	(Detere of registral) where the registrar	Address 1 124 & Manna Date signed 1111		
	VS 150	1460		
	- 1509	70/		

INSTRUCTIONS FOR MEDICAL CERTIFICATION

SEMMERACE BUSINESS NOW THE PROPERTY OF

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

CHARLES OF THE CHARLES OF THE COURSE

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

50 5145 5145 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Margaret L. Roden DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Baltimore, Md. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 2420 W. Lanvale Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore 2420 W. Lanvale St. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under I Year If Under 24 House last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Female White Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bernard Roden Margaret Revell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Doris R. Mullikin 2420 W. Lanvale 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral hemorrhage (This does not mean the mode of dying, e.g., 2 wks. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive arteriosclerotic 1946 DISEASES OR CONDITIONS, IF ANY, GIVING cardio vascular disease RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Oct. 2, 1946, to June 6, 1950 that I last saw the deceased alive on June 6. 19 50, and that death occurred at 9.05 Pall from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 3030 Edmondson Ave. June 8.1950 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY 24c. LOCATION (City, town, or county) (State) 6/9/50 New Cathedral Burial Baltimore, Md. 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased wed, If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CLTY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Length of stay in Baltimore Nacon 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF 9. AGE (In years BIRTH 108. KIND OF BUSINESS OR INDUSTRY 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE State or foreign country) work done during most of working life, even if retired) threhan took abover 13. FATHER'S NAME

If Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHATCOUNTRY . 2.14. 15. WAS DECEASED EVER IN U. . ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. -07-3566 18. CAUSE NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

May 28, 1950 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

arcinoma 21B. PLACE OF INJURY (e. g., in or aboot home, farm, factory, street, office bldg., etc.)

DUF TO

21E. INJURY OCCURRED

21D. TIME (Month) (Day) (Year) (Hour) NOT WHILE WHILE AT

OF INJURY

22. I hereby certify that I attended the deceased from how 24, 1967, to hat I last saw the

23A. SIGNATURE

24A. BURIAL, CREMA-

TION, REMOVAL (Specify

DATE RECEIVED BY LOCAL REGISTRAR

25. UNERAL DIRECTOR

metas

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

deceased alive on 1950, and that death occurred at 9:350m., from the causes and on the date stated above. 23c. DATE SIGNED

(If in Baltimore City, give exact location)

ADDRESS

20. AUTOPSY?

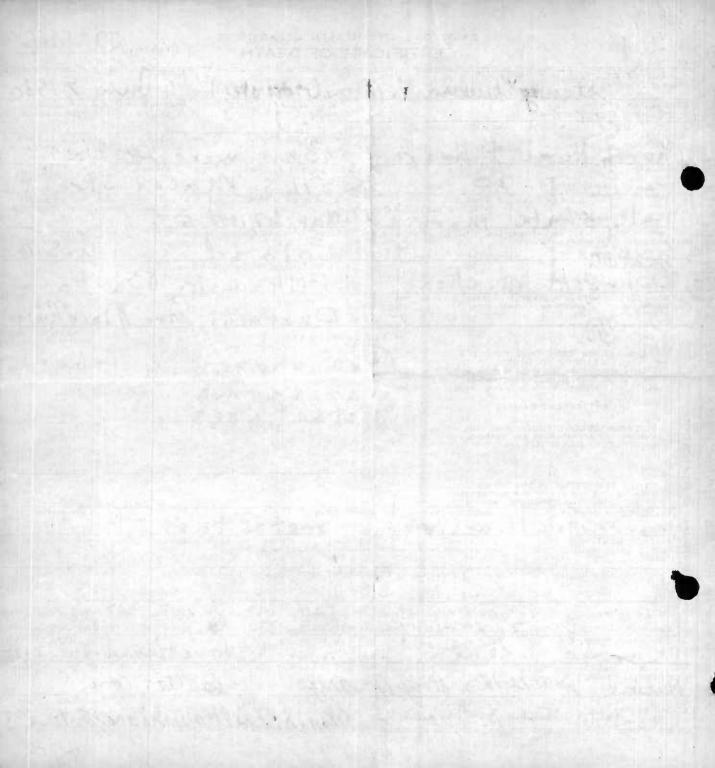
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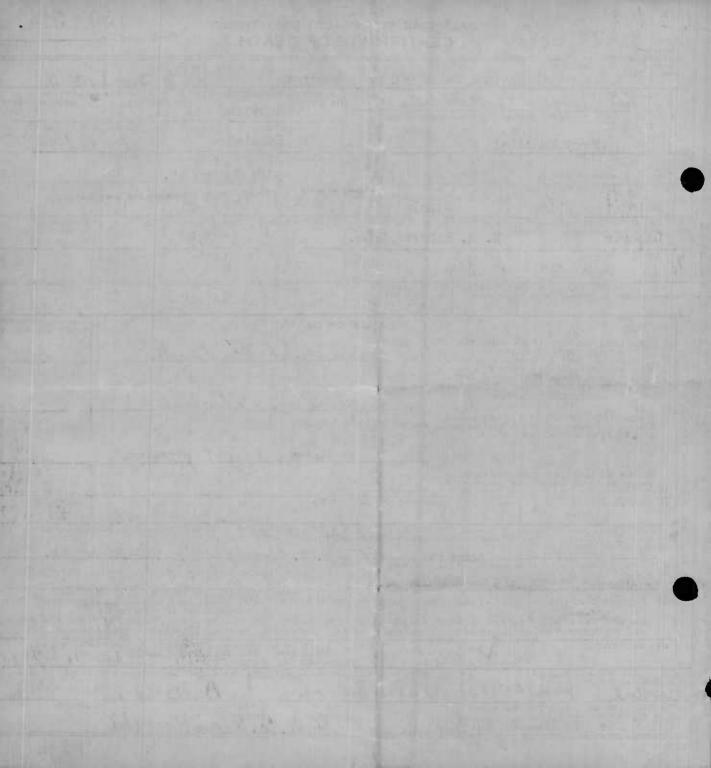
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Physicians:



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Dy Wou Kammer Daniel St. Barrier

Physicians:

50 5150 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ROU KEIRN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased live). If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION MERCY HOSPITA D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1820 N. CHARLES ST. Length of stay in Baltimore Davs 9. AGE (In years | ft Under 1 Year | ft Under 24 Hours | last birthday) | Months; Days | Hours | Min. 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Apr. 29, 1893 57 no 51N9/E 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) SCLF-EMPT. WHAT COUNTRY? MENN. SIGN PAINTER U.5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Ella Thompson Joseph B. Keirn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war on dates of service) (Yes, no or unknown) SECURITY NO. 2 More INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebo-vocalos acutent (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especiall deceased alive on 6 , 19 , and that death occurred at 11 m. from 23A. SIGNATURE , 19 that I last saw the Pm., from the causes and on the date stated above. 23c. DATE SIGNED vercy Hospe al 6/5/5 Leve M. frettin age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 6/8/50 Dunmyer Cemetery Johnstown, Pennsylvania removal REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY IN 8 - 1950 I'm laver, inc. 1217 St. Paul Street VS 150 15683

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF BETTYE L. LILLEY June 7. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Mercy Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 717 St. Paul Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours | Months | Days | Hours | Min. WIPOWED, DIVORCED (Specify) female white arriza 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR clearly 12. CITIZEN OF work doneduring no of working life, even if retired) INDUSTRY WHAT COUNTRY RUCK 13. FATHERIS NAME death WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) **ADDRESS** SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Asphyxia due to carbon monoxide poisoning (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in nr about home, farm, factory, street, office hidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB-717 St. Paul St. home (third floor, rear 210. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY 1950 especially Oven burner open but unlit 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes □, accident □, suicide ★ homicide □, undetermined □. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER June 7. 1950 MEDICAL INVESTIGATOR 24A. BURIAL, GREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE Buriak 30 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR bunting love / 11 V S 151

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NAME AND THE PERSON OF THE PER MARKET SERVICE STREET, . The Land St. Committee of the committe

50 5154 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) auror DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution, residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION SOUNS RUPKING BUSPITAL maker Yrs. D. STREET ADDRESS (If rural, give location) Mos Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE din years If Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME man 15. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no or unknown) (If yes, give who or dates of struce) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 002 X ONSET AND DEATH Pulmonom Tuberculoses DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (c. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK AT WORK 19 Ju, that I last saw the , 19 10 to , 19 and that death occurred at deceased alive on_ . / Im., from the causes and on the date stated above. 23C DATE SIGNED 23A. SIGNATUREA 23B. ADDRESS 10-8 unus / M. D. 24C NAME OF CEMETERY OR CREMATORY BURIAL, CREMA-24D. LOCATION (City, town, or county) (State) TION REMOVAL (Specify) awasky Sulay DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

NOT A MEDICAL EXAMINER'S CASE Bot year a lander Mark and the state of the state of the state of to other properties of the

Registered No. 5155 BALTIMORE CITY HEALTH DEPARTMENT 5155 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF June 6, 1950 Arthur DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (h' outside corporate limits, write HURAL and give INSTITUTION township) Maryland General Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. No definite address Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (in years of Under 1 Year of Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRYED DOWED DIVERZED (Specify) M 11. BIRTHPLACE (State or foreign country 10A. USUAL OCCUPATION (Give kind of BUSINESS OR 12. CITIZEN OF 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined \(\mathbb{L} \). 23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR

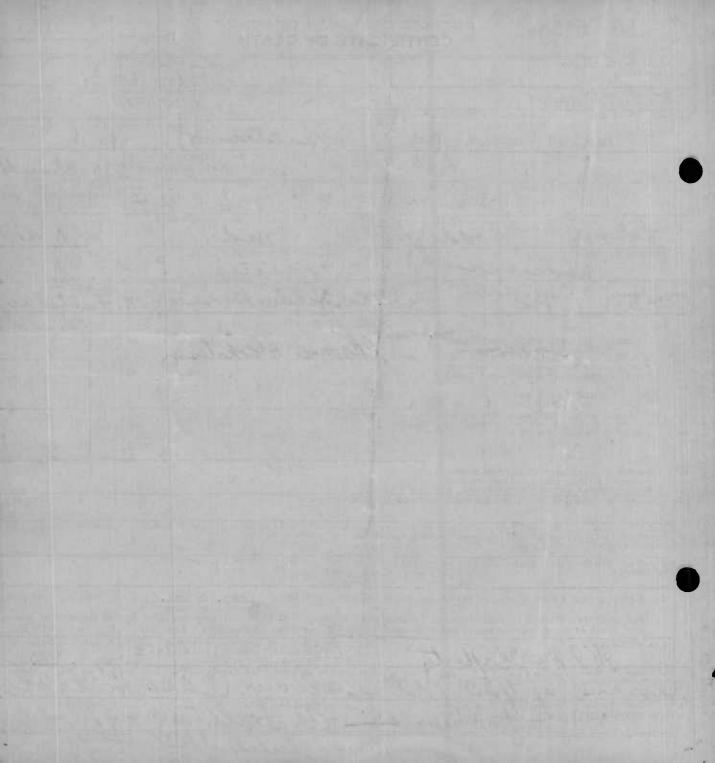
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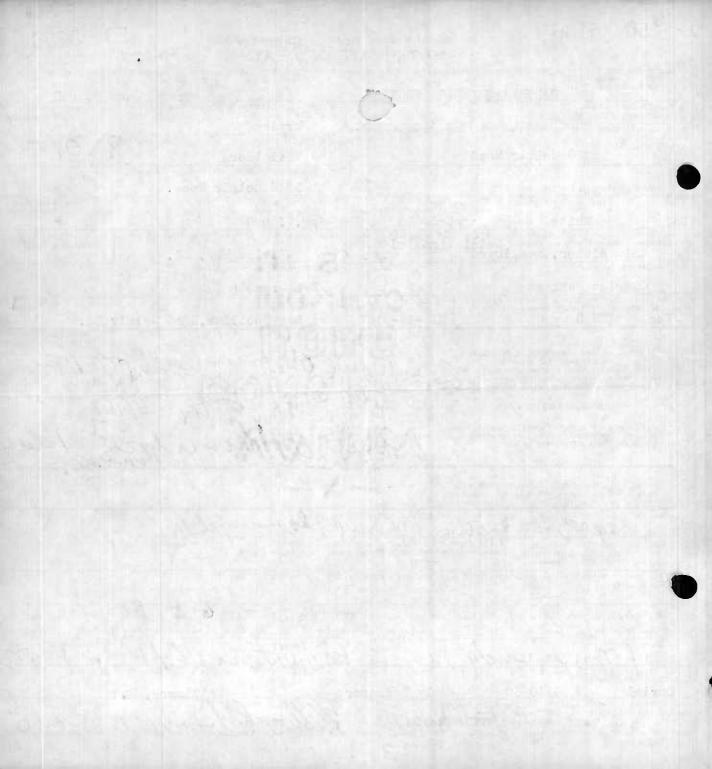


correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5156 Registered No.

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	2. DATE OF					
SAMUEL BRAMBLE RENSHAW 3. PLACE OF DEATH:	DEATH June 6,1950					
A. Baltimore City, Maryland						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)						
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write MURAL and give township)					
3226 Belair Road	Baltimore					
Yrs.	D. STREET ADDRESS (If rural, give location)					
Length of stay in Baltimore Days	3226 Belair Road.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years fl Under Year fl Under 24 Hours last birthday) Months; Days Hours Min.					
Male White Married	Apr.7.1920 30					
10A. USUAL OCCUPATION (Give kieded 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) Total Discoleting						
Ship Fitter, Unemployed	Willoughby, Md. WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Charles Renshaw	Eva Bramble					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL						
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
Yes WW 2 215-16-6187	Mrs Eva Kubilius,3226 Belair Rd.					
18. 730.1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	· a with men letish us					
(This does not mean the mode of dying, e.g.,	ul one received 10 days					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	The their war					
ANY SAME	JA 1 10 10 10 100					
ANTECEDENT CAUSES Auch taly to the						
O DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	to Andhima loss aan					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	1 Scul / Mys cardet L					
11						
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.						
1 194 DATE OF OPERATION 198 MAJOR FINDINGS OF OPER	PATION 20. AUTOPSY?					
21A. ACCIDENT WAS UNDER. LYNG OR CONTRIBUTING about home, farm, factory, street, office bldg.,	YES NOW					
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,						
CAUSE OF DEATH						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?					
WHILE AT NOT WHILE M. WORK AT WORK						
	on. 16 19 50 to 6 5 519 , that I last saw the					
22. I hereby certify that I attended the deceased from n	rred at 8 m., from the causes and on the date stated above					
NT - d hunicha	238. ADDRESSO					
24A. BURIAL, REMA- 24B. DATE 24C. NAME OF CEMETE	ERY DR CHEMATORY 24D. LOCATION (City, town, or county) (State)					
TION, REMOVAL (Specify)						
Burial 6/10/50 Holy Redeemer						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNEAUL DIRECTOR ADDRESS					
11111 d - 1840, minner out when a	Michael 219 Jon &					
VS 150	^-					
344	4V 13a					



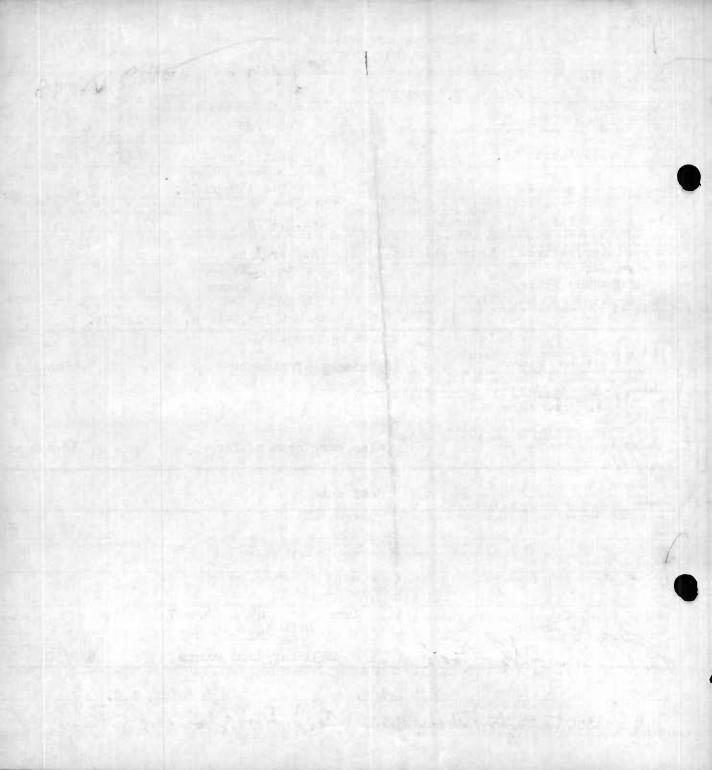
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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

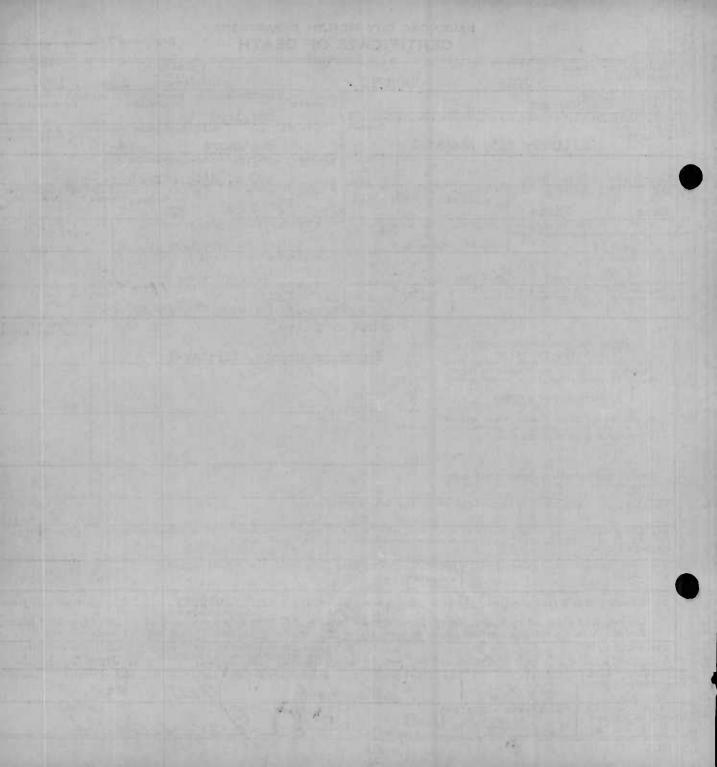
BALTIMORE CITY HEALTH DEPARTMENT

50 5157
Registered No.

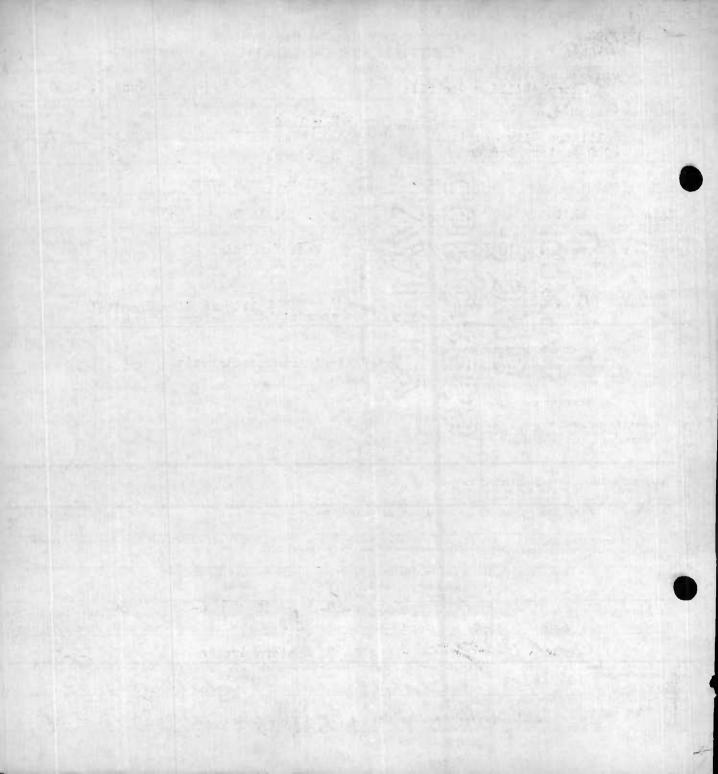
BIRTH NO.			CERTII ICAT	L OI DEAT		9				
1. NAME OF I (Type or Print)	DECEASED				2. DAT	E				
FRANK K. FRALEY				DEATH June 8.1950						
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence						
B. FULL NAME	B. FULL NAME OF (If not in hospital or institution, give street address or				The state of the s					
HOSPITAL OR location)				C. CITY OR TOWN (If outside corporate limits, write RURA				JRAL and give		
00	914 Abbott St.				Baltimore 10-0 6 towns					
	Yrs. Mos.				D. STREET ADDRESS (If rural, give location)					
	stay in Baltimore	914 Abbott St.								
5. SEX	6. COLOR OR RACE		1 9. AGE	(in years	Under 1 Year	If Under 24 Hours				
Male White Man		Marr	E. MARRIED. VED, DIVORCED (Specify)	Jan. 2, 1873		77	nths Days	Hours Min.		
10A. USUAL O	10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR			11. BIRTHPLACE	State or foreign cour	itry)	12. CITIZ			
Housepai	nter, retired	House	paintin	N. Carolina				T COUNTRY		
13. FATHER'S	NAME				14. MOTHER'S MAIDEN NAME					
(Un	known) Fraley				nknown					
15. WAS DECEAS	ED EVER IN U.S. APMEI	FORCES?	16. SOCIAL	17. INFORMANT	1101101111					
(Yes, no or unknown	(If yes, give war or date	s of service)	SECURITY NO.	Ruth Rauling	- 2445 N C		DDRESS			
10 16			1	·	SILTED N. U.	narres		VAL BETWEEN		
18. 19	/ × 1		CAUSE	OF DEATH				AND DEATH		
	SE OR CONDITION LEADING TO DEAT	TH	Camai	noma of stoma	ah		6	6 mandha		
(This doe heart fail	es not mean the mode oure, asthenia, etc. It mea	f dying, e. i		HOMA OT SCOME	2011	***************************************		months		
injury or	Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES									
Z	S OR CONDITIONS		(B)	***************************************	******************************		*******	*********************		
RISE TO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
V UNDERL	TING CONDITION LA	ST.	(c) also	carcinoma of face			18	18 months		
DISEASE RISE TO UNDERL										
OTHER S	OTHER SIGNIFICANT CONDITIONS CON-									
TRIBUTING TO THE D	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	T. Qeai	mute						
19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION	STEET HETT		20.	AUTOPSY?		
<u> </u>	0							YES NO		
LYING O	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? INJURY OCCUR?							location)		
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR	7				
OF INJURY			WHILE AT NOT WHILE							
		m.	WORK AT WORK		T	-	_			
22. I herel	by certify that I att	ended the	deceased from JI	1945	d, to June 7	, 19_5	Ythat I	last saw the		
deceased a	Chara UIC	, 19 50	and that death occur	23B. ADDRESS	, from the cause:	s and on th				
231.31611	179	11 1	1.	2431 Maryla	and Avenue			50		
24A. BURIAL,	CREMA- 24B. DATE		M. D.			(City, town	1 1			
TION REMOVAL	Specify		***	and the second s			23 23 44.123)	(2000)		
DATE RECEIVE			High Point,	25 MARDAI DID	High Poir	it, N.C.	ADDRES	-		
LOCAL REGIS	TRAP 1950 turting	标版	lider Age ?	25 WARAL DIR	of the 10	2/15)	Con	1 ST		
VS 150	4		and manager of the				50	- /		
		- 10 ALS 4 15 To	"Mind-according as a sa.				7			



5158 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF JOHN HANNETT June 6. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Baltimore City Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 120 W. 24th Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | Munder I Year | Munder 24 Hours last birthday) | Months; Days | Hours | Min. Male White 11. BIRTHPLACÉ (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS OR 12. CITIZEN OF clearly WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Known Oriver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME anknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17, INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia, bilateral (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUF TO injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ā CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT especially WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy. Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ₺, accident □, suicide □, homicide □, undetermined □. 23c. DATE SIGNED 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER June 7, 1950 MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-24B DATE 24c. NAME OF CEMETERY OR GREMATORY TION REMOVAL (Specify 5 0 ADDRESS DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 151



137394 50 5159 BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) June 8, 1950 Joseph William Cockrill DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence Maryland A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OFBaltimore City Hospital location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give 1010 Eastern Avenue township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 502 E. North Avenue Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WICOWED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. White Male Aug. 10, 1880 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF Prk done during most of morking life, even if retired) INDUSTRY WHAT COUNTRY? West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UnK-10WM 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL Records: 4940 Eastern Avenue (Yes, no or unknown) SECURITY NO. No 10-2804 INTERVAL BETWEEN 18. CAUSE OF DEATH 50.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Generalized Arteriosclerosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK WORK 1950, that I last saw the 4-18-150 /to 22. I hereby certify that I attended the deceased from. 1950 and that death occurred at 2 P deceased alive on 6-8 _m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, GREMA 24B. DATE 24c. NAME OF CEMETERY OF SREMATORY 240. LOCATION (City, town, or county) Buriax DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150 ... Self Calleganing the



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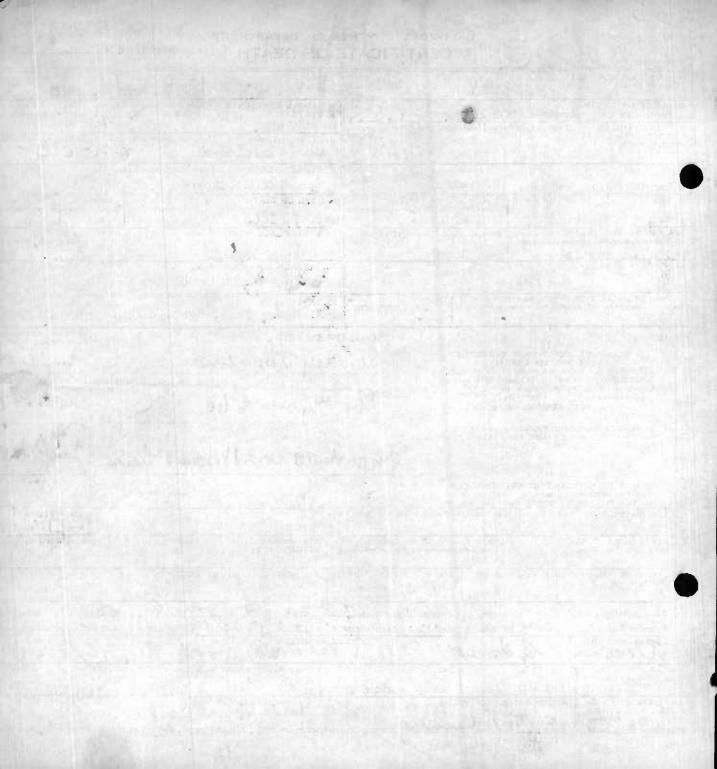
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED SOPHIA 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If gupal, give locations Yrs. . Length of stay in Baltimore SEX 6. COLOR/OR RACE 7. SINGLE, MARRIED, 8. DATE OF AGE (In years) If Under 1 Year It Under 24 Hours OWED DIVORCED (Specify) birthday) Months Days Hours Min. 109. USUAL OCCUPATION (Gjeekind of work done during most of work done during most of working life, even if petired)

108. KIND OF BUSINESS OR INDUST 11. BIRTH LACEAState or foreign country 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY VES 21A. ACCIDENT, SUICIDE. 218, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT AT WORK L WORK , 19 0 that I last saw the 22. I hereby certify that I attended the deceased from_ (19/2), and that death occurred at _m., from the causes and on the date stated above. deceased alive on___ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Me 244 BURIAL CREMA-24B. DATE 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) oung men Awal DATE RECEIVED BY AUNERAL DIRECTOR DDRESS REGISTRAR'S JUN 9 - 1950

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50 5163 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) June 7, 1950 SADIE COTILDA ANDREWS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Mercy Hospital Baltimore Vrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 1148 E. North Avenue Life Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | H Under | Year last birthday) | Months: Days It linder 24 Hours Hours: Min. Widow April 29, 1877 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTR Housewife home Baltimore, and. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George L. Mevers Constance Marconia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 17. INFORMANT 1148 E. North Appense 16. SOCIAL SECURITY NO. George L. Meyers, Jr. no none INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Generalized arteriorclersis LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ă HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE deceased alive on 6-6-, 1950, and that death occurred at 4.25 p. m. from 23A. SIGNATURE 6-7- 1950 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Loudon Park Baltimore, wd. burial cemeterv DATE RECEIVED BY HENRY ESANDERTO SONS. INC. LOCAL REGISTRAR 11N 9 - 1950 NORTHIAVE. & BROADWAY - 13 VS 150 of the property of the

238, ADDRESS

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

BEGISTESSE VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

burial

DATE RECEIVED BY

24B, DATE

6/10/50

REGISTRAR'S SIGNATURE

The state of the s

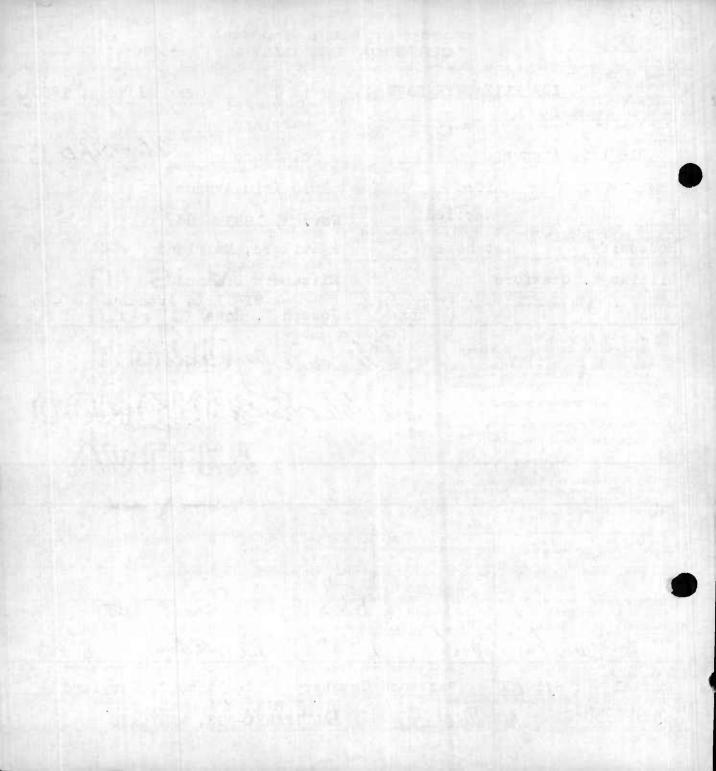
especially

24D. LOCATION (City, town, or county)

Baltimore, Maryland

IMOREO- 13. MARÝLAND

23c. DATE SIGNED



age is especially important. Physicians: please write the causes of death clearly and legibly.

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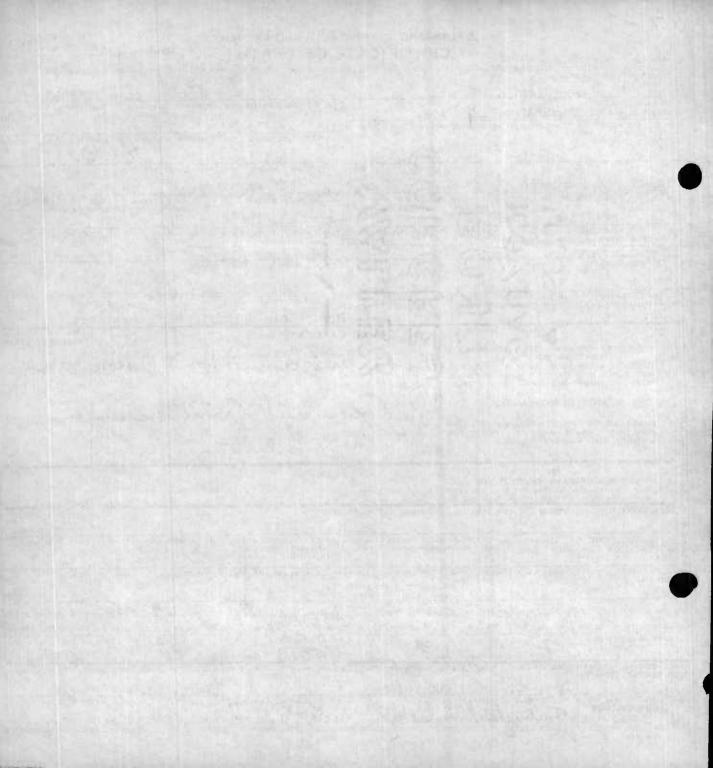
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 5165

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B	IRTH NO.				_ 0. D=/(!!!			
1.	NAME OF E					2. DATE		
_		John J	H. Sten	gel	DEATH June 7, 1950			
A		City, Maryland 283	35 Lake	Ave.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)			
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
1	1.0		7747		Beltimore 8-0/ township)			
				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
Length of stay in Baltimore Days					2835 Lake Ave.			
	WIDOWED, DIVORCED (Specify			8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Days Hours Min.		
	Male White Widowed				Mar. 21, 185'			
wor	10A. USUAL OCCUPATION (Give kind of ork dooe during most of working life, even if retired) INDUSTRY			II. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
_	Carpenter-retired				Maryland			
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or uokoown) (If yee, give war or dates of service) SECURITY NO.					17. INFORMANT		ADDRESS	
	- Occount i No.				Mrs. Elsie Bar	rdroff 2835 Lak	e Ave.	
	18. 420.0 CAUSE OF						INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, e.g., (A) (Liter's Certe Head Dislate 2 ms.							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
-	ANTECEDENT CAUSES (B) Crevalined artery soleway mon ins							
Ó	DISEASES OR CONDITIONS, IF ANY, GIVING							
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST.							
FIC	(c)							
는								
ERTI	OTHER SIGNIFICANT CONDITIONS CON-							
Ü	TO THE DISEASE OR CONDITION CAUSING IT.							
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO				ATION		20. AUTOPSY?	
S							YES NO	
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., io or location) About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						, give exact location)	
12		(Month) (Day) (Year)	(Hour)	TE. INJURY OCCURR	ED 21F. HOW DID IN	NJURY OCCUR?		
	OF INJURY WHILE AT NOT WHILE							
22. I hereby certify that I attended the deceased from June, 1948, to June 7, 1950, that I last s								
	deceased alive on 1950, and that death occurred at 1:15 A.m., from the eauses and on the date stated above.							
Max 19. English M.D. 5713 Below Rd. 6-7-5								
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)								
1	Burisl	June 10.	1950	Lorraine	Ta.	Woodlawn. Md.		
D	ATE RECEIVE				25. FUNERAL DIREC		ADDRESS	
J	JN-9-19	50 Munte	iter Mil	liable, sha	Dilrich Funera	1 Home 2008 Or	leans St.,	



50 - 5166BALTIMORE CITY HEALTH DEPARTMENT Registered No ._ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Henry J. Faul DEATH June 6, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 1600 E. 29th St. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland. HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. . Length of stay in Baltimore 1600 E. 29th St., Days 6. COLOR OR RACE 5. SEX 9. AGE (In years last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) Male White Married Oct. 19, 1891 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) IOB, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Guard Trust Co. Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Faul Elizabeth Grimmel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Mrs. Elizabeth Faul 29th St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Athat I attended the deceased from 1946 to five 6, 1950, that I last saw the . 1950 that I last saw the 22. I hereby certiforthat I attended the deceased from_ deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 2BC. DATE SIGNED 24A. BURIAL, CREMA-Burial Loudon Park Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Ulirith Runefal Home 2008 Orleans St.,

VS 150

Physicians:

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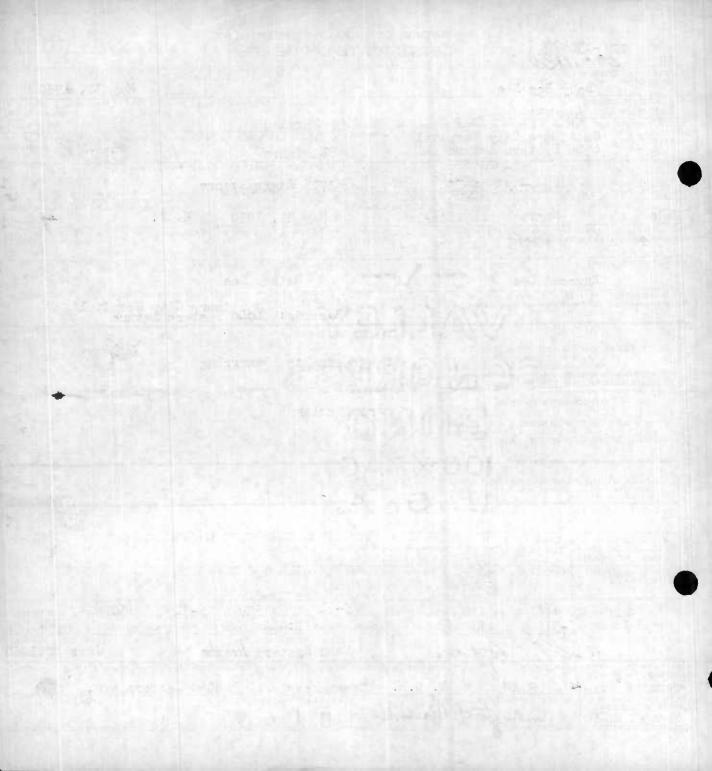
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5167 BALTIMORE CITY HEALTH DEPARTMENT REA-138474 Registered N CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Baby Boy Lee May 31, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) Baltimore City Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue township) Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 1716 Riggs Avenue . Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male Negro Single · Georgian May 31, 1950 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Raymond Lee Daisey Lee 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL Records: 4940 Eastern Avenue (Yes, no or nnknown) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH 60. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Subarachnoid Hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Prematurity CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO X 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! 5-31 , 1950, to 5-31 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from. ___, 1950_. and that death occurred at 11:40An., from the causes and on the date stated above. deceased alive on 5-31 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue June 2,1950 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Cremated 6.2-50 AM B. C.H. 4940 Eastern Ave. Creamatory DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR HIN 9 - 1950 VS 150 160a

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50 5168 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE JUNE 8, 1957 CARC OF DEATH PHILIP WEYFORTH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION NION MEMORIAL BACT -D. STREET ADDRESS (If rural, give location) Yrs. Mos. Bonne Rd. 6. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years | If Under | Year last birthday) | Months Days Hours Min. MAR 30,1887 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) retired purchasing agt - hat Mfg. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OSWALD WEYFORTH WILLIAM OBERHEIM 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes no or unknown) SECURITY NO. SAME WIFE Yes World War #1 INTERVAL BETWEEN CAUSE OF DEATH 18. 204.4 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. NO 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially WHILE AT AT WORK 19 50 to JUNE & 1950 that I last saw the 22. I hereby certify that I attended the deceased from MAR 30 deceased alive on JUNE 8, 1950, and that death occurred at 00: 50 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 24A. BUNAL, CREMA-TION, REMOVAL (Specify) Burial OF CEMETERY OR CREMATORY | 24D. LOCATION (City, wn, or county) 6/10/50 Lowen Park Cem. Balto., Md. 25. FUNERAL DIRECTOR ADDRESS. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR IN 9 - 1950 VS 150

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Physicians:

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1, NAME OF DECEASED 2. DATE (Type or Print) OF CLARA ESTELLA MURR DEATH June 7, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN INSTITUTION 2007 E. 32nd St. (If outside corporate limits, write RURAL and give township) Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2777 The Alameda Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under 1 Year | B Under 24 Hours | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) female white widowed April 10, 1872 78
11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? never worked Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Elliott Mary Essex 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no Mr. Oscar W. Hacker 2007 E. 32nd St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY1 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from 1950 that I last saw the deceased alive on 7- June 1950, and that death occurred at// P. m., from the causes and on the date stated above. 23A SIGNATURE 238. ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Cem. REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

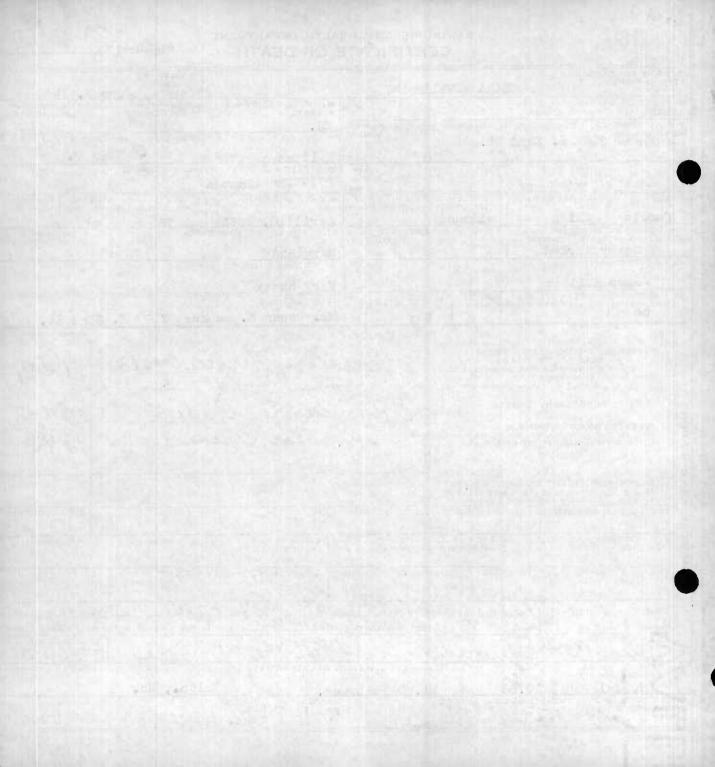
236 DATE SIGNED

Burial DATE RECEIVED BY

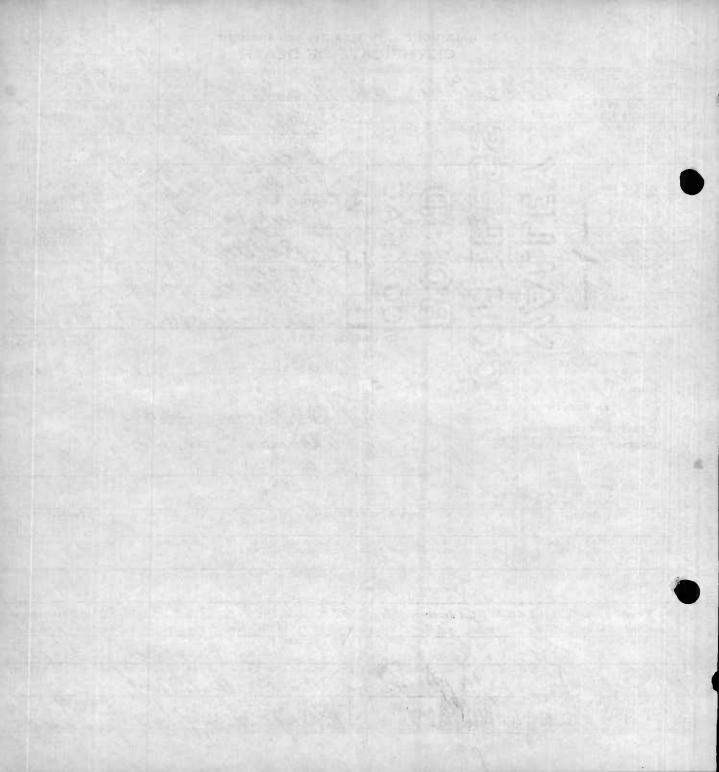
240. LOCATION (City, town, or county) Balto. Md.

ADDRESS

VS 150



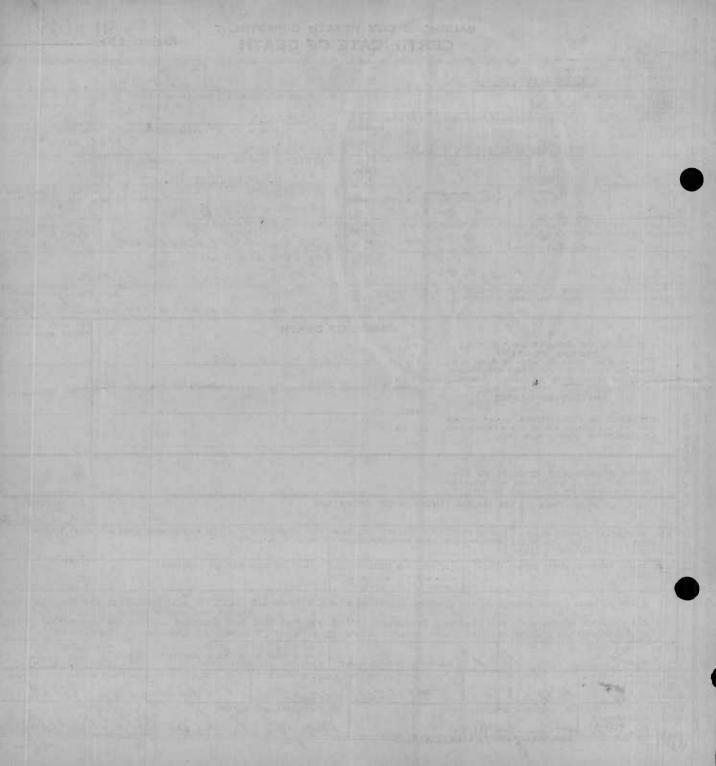
50 5170 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland & B. COUNTY before admission) B. FULL NAME OF (L6 not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If ontide corporate limits, write RURAL and give INSTITUTION DItal township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH Il Under 1 Year WIDOWED, DIVORCED (Specify) Mest birthday) Months: Days Hours Min. Male names 10A SMAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR INDUST INDUST BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? lothing levelle 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Meura LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 1920 to . 19 5 ahat I last saw the 22. I hereby certify that Vaitended the deceased from_ deceased alive on 6 68 . 19 Do, and that death occurred at 6 5 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Suman Dospital assel 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town or county) 244 BURIAL, CREMA-MALL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 150 - ME RESIDENCE



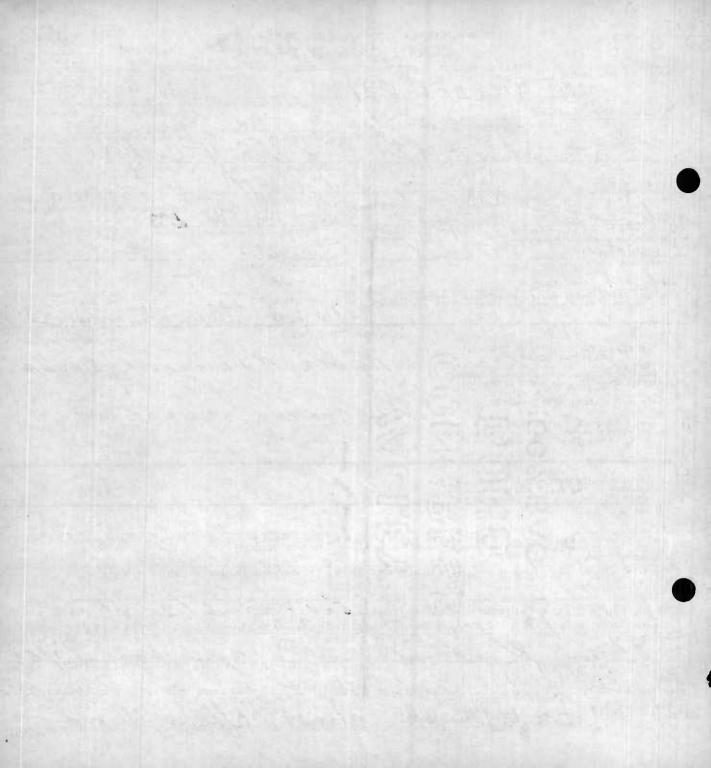
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50 5172 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE AB. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or and HOSPITAL OR location C. CITY OR TOWN (Moutside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS1 (If rural, give location) Yrs. Mos. Length of stay in Baltimore ain Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. mal 10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? warietou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME show Jans Lari (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL TY. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO brue INTERVAL BETWEEN 18. CAUSE OF DEATH 420 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IN ACUTE PULMONARVEDENA (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) CORONARV OCC LUSION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES NO 218. PLACE OF INJURY (e. g., in or ebout home, ferm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE! 22. I hereby certify that I attended the deceased from 5 . 196 that I last saw the deceased alive on 6 19 62, and that death occurred at 7. 15 m., from the causes and on the date stated above, 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED LOCATION (City, town, or county 248. NAME OF CEMETERY OR CREMATORY Mello, woodlawn DATE RECEIVED BY SIGNATURE FUNERAL DIRECTOR ADDRESS VS 150 control of the toring or the office

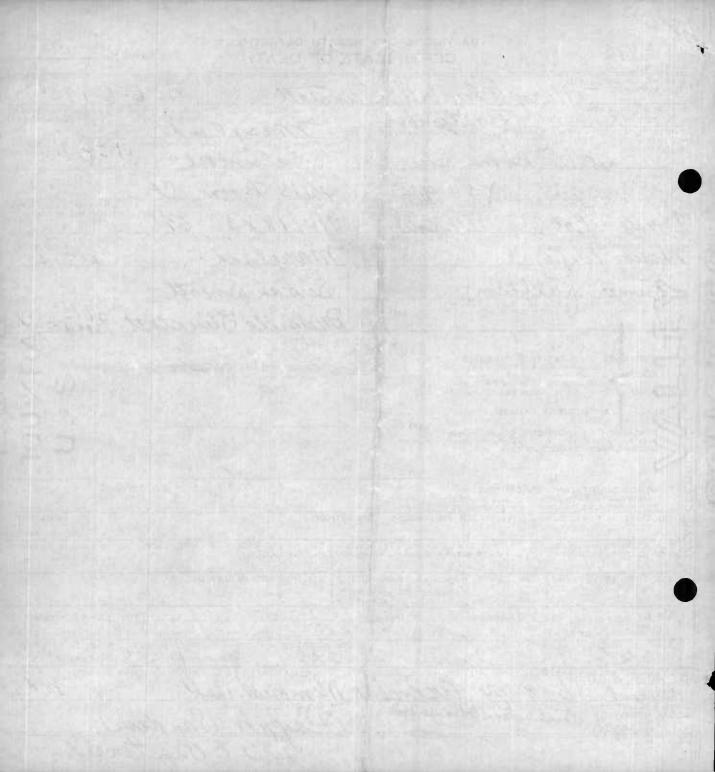


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STORY THE PROVINCE OF STREET

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give Yrs. Mos . Length of stay in Baltimore Davs 9. AGE (In years | Il Under | Year | If Under 24 Hours | G | last birthday) | Months | Days | Hours | Min. 6. COLOR OF RACE 10A. USUAL OCCUPATION (Givekind of) 108 KIND OF BUSINESS OR 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, eyen if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 16. SOCIAL (Yes, noto unknown) SECURITY NO CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO 4 das. ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY AT WORK WORK 22. I hereby certify that I attended the deceased from. that I last saw the , 19____and that death occurred At. m., from the eauses and on the date stated above. deceased alive on 23c, DATE STONED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-AD. LOCATION (City, town, or county) (State) TION REMOVAL (Specify) DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

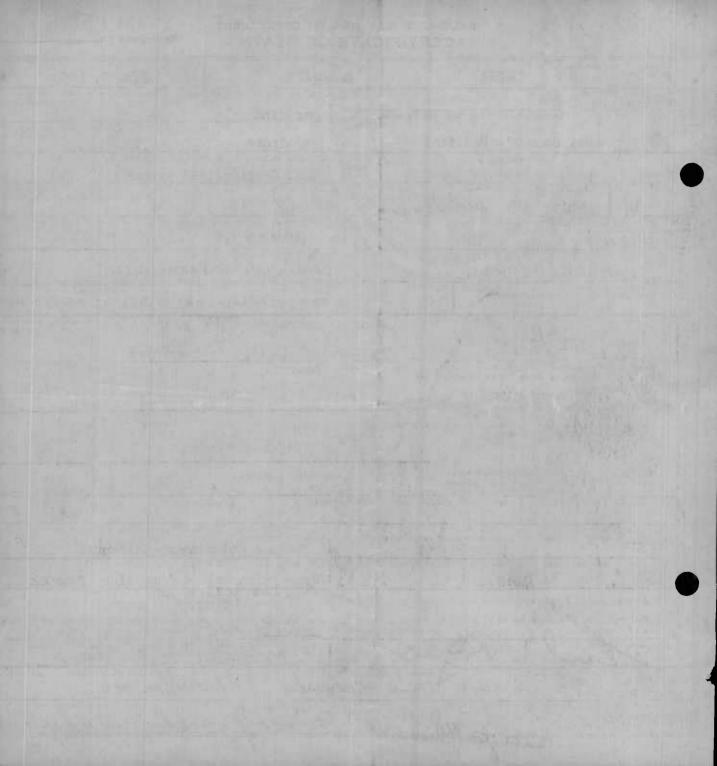
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50 5175 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CZEWSKI DEATH 3. PLACE OF DEATH: 4. USCAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year If Under 24 Hours last wirthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of warking life, even if retired WHAT COUNTR CANNING CANNING 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME HOLEWINSKI WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16 SOCIAL 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 218. PLACE OF INJURY (e. g., in nr (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about hnme, farm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 1900, to . 19 Shat I last saw the 22. I hereby certify that I attended the deceased from_ 1916, and that death occurred at 9 deceased alive on. m., from the causes and on the date stated above. 23 M. SIGNATURE 23C. DATE SIGNED 24B. DATE TION, REMOVAL (Specify) UURIAL DATE RECEIVED BY XHIYOWSKI INC 1000S. KENWOOD VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) BESSIE of June 8, 1950 MARSALEK 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore 3621 Chesterfield Avenue Davs 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years E Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 7-17-1893 Female WIDOWED White 108, KIND OF BUSINESS OR INDUSTRY 10A USUAL OCCUPATION (Livekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired WHAT COUNTRY? BOHEMIA HOUSEWARK U.S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOR PETRLIK CARULINE KRATOCHVIL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes. no or unknown! SECURITY NO GEORGE MARSHLEK 3621 CHESTERFIELD AVE F.812.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fractured skull with intracranial (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, hemorrhage injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or PRIMARY X OR CONTRIBUTING | about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH. Erdman and Mannasota Avenues Street 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY Pedestrian walked into side of truck NOT WHILE June 8. 10:00 Am. WORK imspection and especial 22. I certify that I took charge of the remains described above, held an thereon and from A Induity or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my prinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATORE 23B, CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED MEDICAL INVESTIGATOR 24A BURIAL, CREMA TION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24B. DATE BALTIMORE MD 6-12-50 HOLY REDEEMER BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRA



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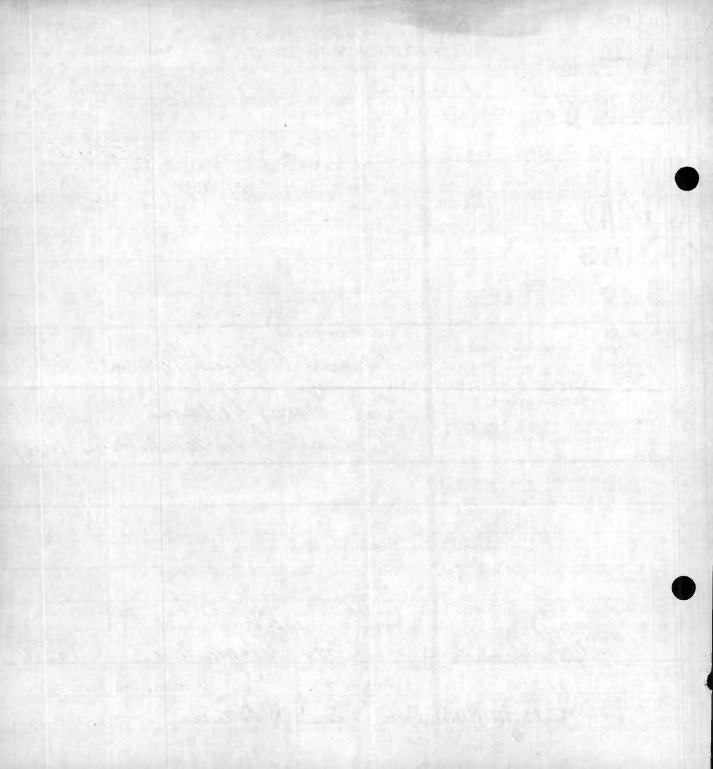
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25. FUNERAL DIRECTOR

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50 5179 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF OHN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or BALTO HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 11moRE Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE 9. AGE (in years If Under 1 Year last birthday) Months Days Hours Min. MALLE MARKING 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MOVINO MICTURE OPERALO 13. FATHER'S NAME 14. MOTHER'S MAIDEN AR 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT SECURITY NO. NHOL ARCLAY 18. CAUSE OF DEATH INTERVAL BETWEEN 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, form, factory, etreet, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK , 195 . hat I last saw the 22. I hereby centify that I attended the deceased from 195 and that dead occurred of 30 deceased alive offer Rm., from the causes and on the date stated above. 23A. SGNATURE 23p. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) JION, REMOVAL (Specify) DURIAL 10-50 ARK DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

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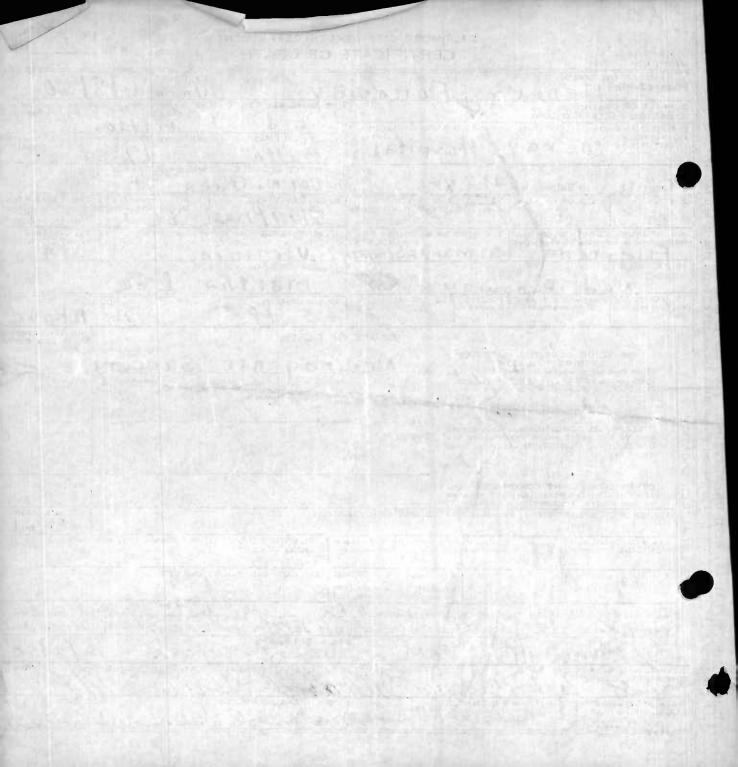
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF onoway DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Hospital (If rural, give location) Yrs. Mos. aca Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 9. AGE (In years) Il Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months Days 10A, USUAL OCCUPATION (Givekind of 12. CITIZEN OF 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY St mary's Seminar USA -Irc man 13. FATHER'S NAME Donoway 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. AS INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES UNFADING IN Physicians: plea DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE 22. I hereby kertify that I attended the deceased from 5 . 19 50 that I last saw the 19 50, and that death occurred at 12:31 m., from the causes and on the date stated above. decegaced dive on 618 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA NON, REMOVAL (Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 11IN 9 - 1950 VS 150

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50 5182 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF MARY KING June 7, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give Franklin Square Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1724 W. Lexington Street Length of stay in Baltimore 7. SINGLE, MARRIED 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female Colored dow 10A, USUAL OCCUPATION (Givekinder) 108, KIND OF BUSINESS OR 11. BIFTHPLACE (State or foreign country) 12. CITIZEN OF work dode suring most of working life, evan (feetired)

13. FATHER'S NAME INDUSTRY WHAT COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH 002 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Julesculoses LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION D NO X 21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e. g., in or PRIMARY OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident D, suicide D, homicide D, undetermined D. 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER June 8, 1950 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR thevider of

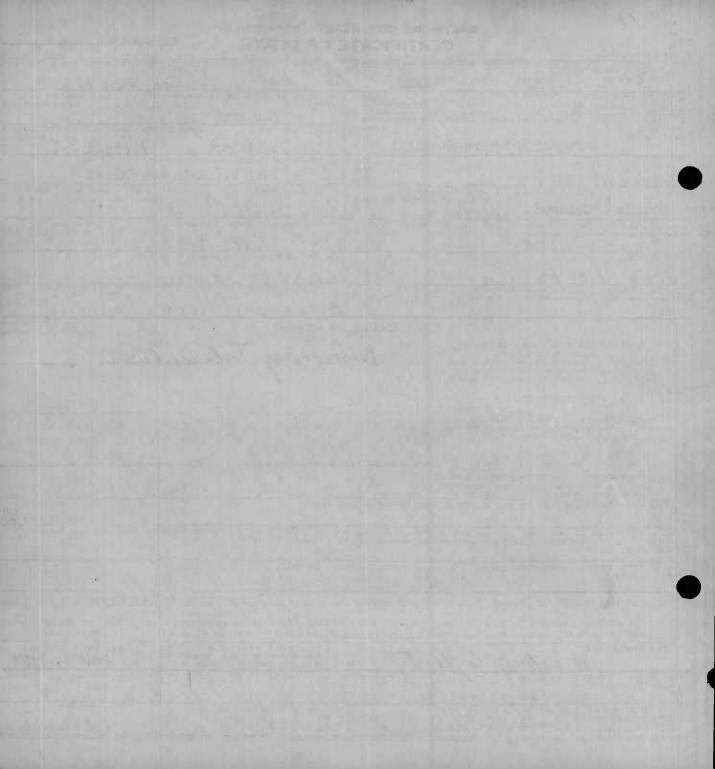
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BROWN BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

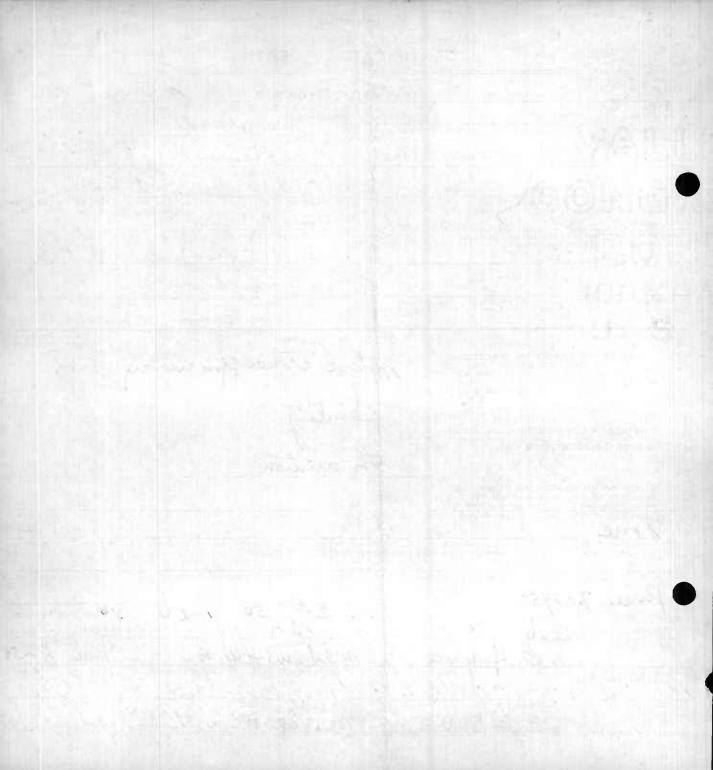
50 5183 Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Marth	at, Brown. 2.	of June 7, 1950,
3. PLACE OF DEATH: A. Baltimore City, Maryland		e deceased lived. If institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR		20
INSTITUTION 715 W. Fremont aver,	C. CITY OR TOWN (If outs)	ide corporate limits, write RURAL and give township
J · / Yr		l, give location)
Length of stay in Baltimore Da	ys 110 Monthe	ment aver
Flunde 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spec	april 10, 1870 80	AGE (In years If Under I Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of No. KIND OF BUSINESS OR work done during most of working life, even if retired)		n country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Inde. U.S. a.
13. TATHER'S NOW,	many Jane Sno	roden.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, pp gr unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT	ADDRESS
No.	m. Charles Brown	on. 7157 Fremont aver
18. 4/0 X CAUS	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	to 0 - Trans	
(This does not mean the mode of dying, e.g., (A)	yac oracipi	acrey ,
injury or complication which caused death.) DUE TO	1	0
Z ANTECEDENT CAUSES	lendity	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	<i>f</i>	
UNDERLYING CONDITION LAST.	-	
(c)	7 anilim	
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT	PERATION	20. AUTOPSY?
E 11 mas		YES NO
21a. ACCIDENT, SUICIDE. 21b. PLACE OF INJURY (e. HOMICIDE (Specify) about home, farm, factory, street, office ble		Baltimore City, give exact location)
No. No.		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU		CUR?
taree 7-1950 m. WHILE AT NOT WHO	RK 🗀 📗	
32. I hereby certify that attended the deceased from a		, 19.5, that I last saw th
deceased alive of the 1950, and that death oc	curred at / / m., from the c	causes and on the date stated above
23A. SIGNATURA S. B. Hughes M. D.	1413 Dans the hir	fune 8-5
	TERY R CREMATORY 24b. LOCA	ATION (City, town or county) (State)
Busian 0-11-1100 1111. W	course Com 13	allot / Illoh
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5184

Registered No_ BIRTH NO 1. NAME OF DECEASED 2. DATE Nune 811850 (Type or Print) M. (om 45 th WILLIAMS OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland Baltimore City HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION crest Baltimore City D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1-month 103 W. 39th. Street Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours; Min. White Female July-9-1894 Widow 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James H. Williams Clara B 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. 20 or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes. no or unknown) SECURITY NO. Edwin S. Williams (brother) Cleveland, Ohio None No None 18. CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CORONARY HEART disease LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO Cononary Sclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO generalized exhaustion OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., ia or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK 22. I hereby certify that I attended the deceased from ARI & 7, 1950, to U une 8, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 6 15 m., from the causes and on the date stated above, 234 SIGNATURE 238. ADDRESS 23c. DATE SIGNED 2030 W. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) une -10-DATE RECEIVED BY

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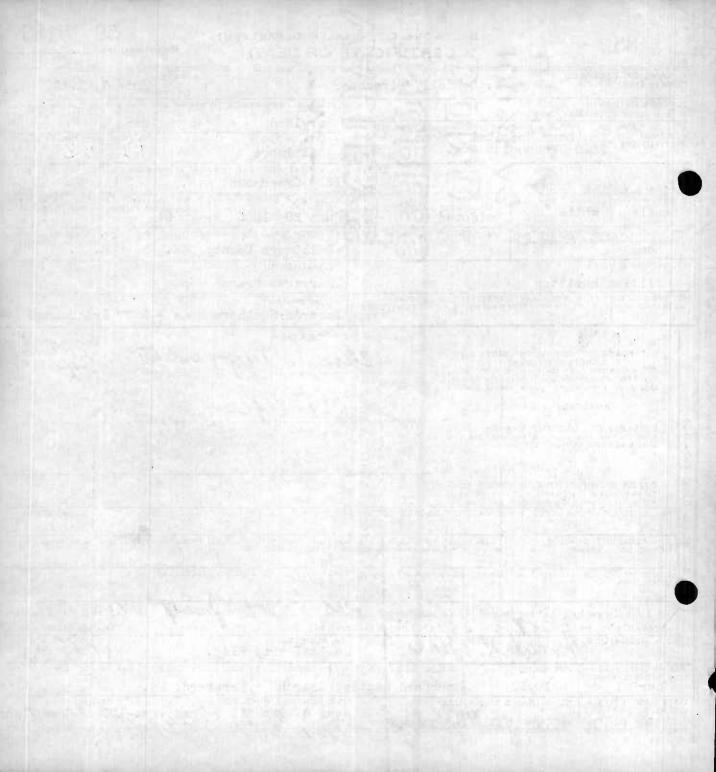
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Eva Parks DEATH June 8. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR Baltimore City Hospitals (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 4940 Eastern Ave. (ownship) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 69 Yrs. Mos. 4202 Belview Avenue Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) Il Under I Year ff Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female White Widowed Sept. 4, 1879 70 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House with Michigan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicholas Laurin (D) Ella Rool (D) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) Records* 4940 Eastern Avenue 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Bronchopneumonia. Right Lung. (A) . heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Small Bowel Obstruction RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Carcinoma, Cecum (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Fecal Fistula, post operative TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS CA Intestinal Obstruction YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) ā about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from May 26 . 19 50 to June 8 , 19 50 that I last saw the deceased alive on Jine 8, 1950, and that death occurred at 11:30 For from the causes and on the date stated above, 23A SIGNATURE Easterny Allespitals 23c. DATE SIGNED June 9. 1950 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OF CREMATORY | 24b. LOCATION (City, town, or county) Suriax DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

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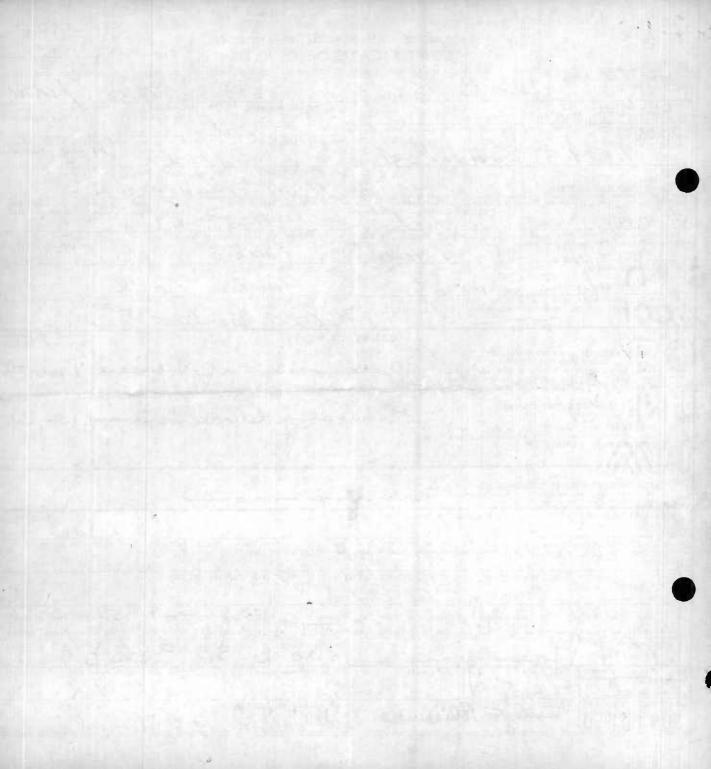
Letter in document file 50-5187-6/22/50:

correcting is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

50 5188

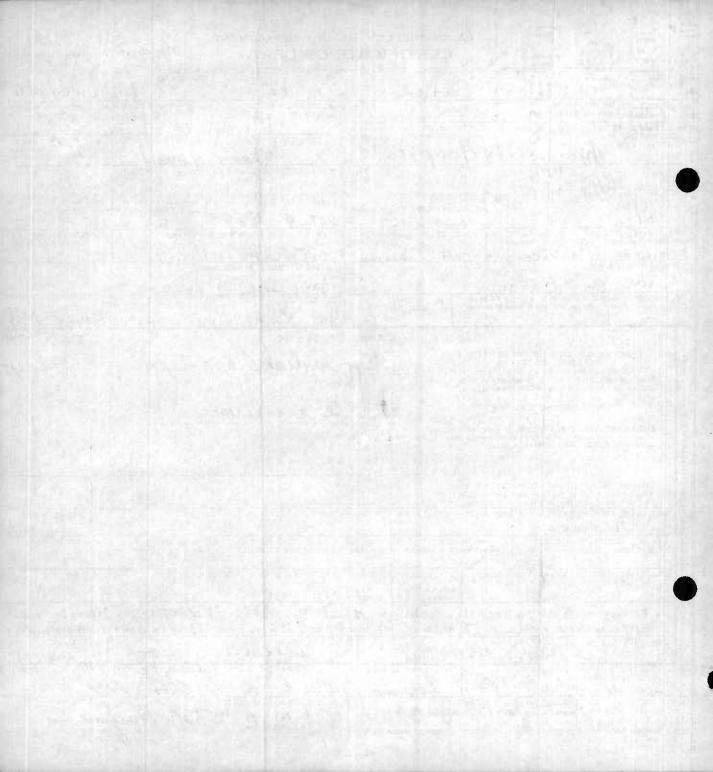
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED Ida E. Busich	2. DATE 6/9/50 7a.zu.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location	
INSTITUTION 409 & Lawrale st	Balto 9-0 gownship)
Length of stay in Baltimore Yrs. Days	D. STREET ADDRESS (If rural, give location)
5-SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry E. Lammert	amalia Moll
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Mahola Daur Mense Laural of
18. 472.1 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	marchate C-V disasse I month
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	ralized attensorlanced 10 yrs).
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	,
OTHER SIGNIFICANT CONDITIONS CON.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	apremona
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
V	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE MORK AT WORK	
22. I hereby certify that I attended the deceased from M	19 19, to 9, 195, Chat I last saw the
deceased alive on 8, 1950 and that death occur	rrealet 1 A.m., from the causes and on the date stated above.
W. H. Henzer M.D.	238. ADDRESS & . 33 rd & . 23c. DATE SIGNED 6.9.50
24A. BURIAL, GREMA- TION, REMOVAL (Specify)	L D at Que
Aurial 1/4/30 Jak	To. Salto. Md.
LOCAL REGISTRAR SEIGNATURE JUN 0 1950	25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS
VS 150	000



REGISTRAR'S SIGNATURE VS 150 washing a charge thanks hall

SOCIAL AND

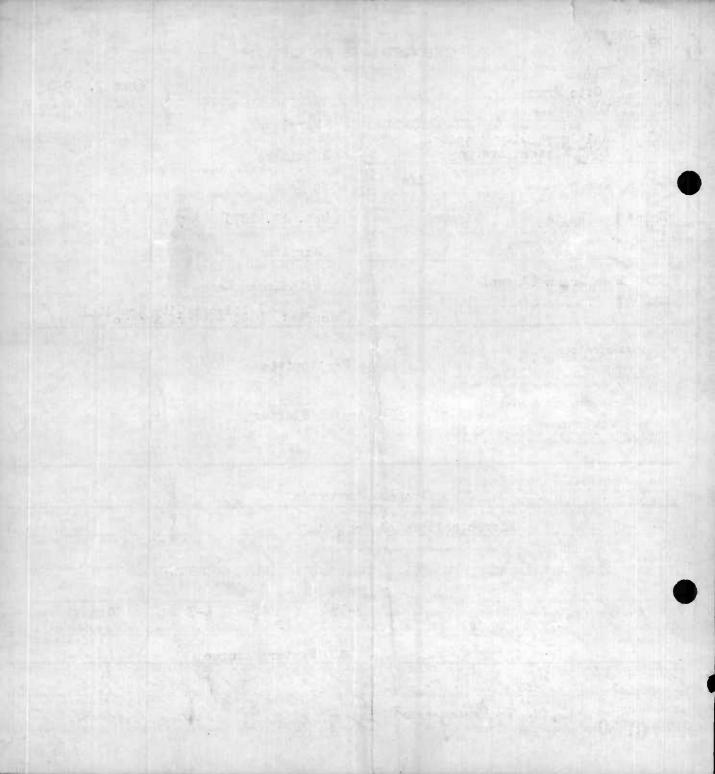
1	530		EALTH DEPARTMENT E OF DEATH	X Segistered No.	5190
	1. NAME OF DECEASED	CERTIFICAT	L OI DEATH	1 2. DATE	
	(Type or Print) William	Sudler	Smith	OF DEATH 9 Ju	une 1950
	a. Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived, If ins	titution : residence before admission)
	HOSPITAL OR	stitution, give street address or location)		and done	write RURAL and vive
.y.	Institution University	Hospital	9 Reen	Haven	township
legibly	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (II		00
and		NGLE, MARRIED, DOWED, DIVORCED (Specify)	0cT. 9-1889		ler Year H Under 24 Hours Days Hours Min.
clearly	10A. USUAL OCCUPATION (Give kind of 10B. I spik done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	2. CITIZEN OF WHAT COUNTRY
	ENGINEER MainTenance	Fed Having	Centerville	Md	WHAT COUNTRY
death	WM. N. SMITH		Maria T		
of d	15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yee, give war or dates of servi-	16. SOCIAL SECURITY NO.	17. INFORMANT)UNCON ADD	RESS .
causes		SECURITY NO.	MRS. Rachel Si	miTh - greenh	Aven Md.
ease write the	DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY,	r, e. g., (A) Mydisease, death.) DUE TO	cardial lufa terioreleros	retión is	5 days
Physicians: please	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	NG THE DUE TO			
iciar	E II	_(C)			
hys	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSE	ELATED			
		JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
tant	21A. ACCIDENT, SUICIDE, 21B	. PLACE OF INJURY (e. g.,		(If in Baltimore City, give	YES NO exact location)
important.	HOMICIDE (Specify) nbout	nome, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
lly in	OF INJURY (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE		Y OCCUR?	
especia	22. I hereby certify that I attended	the deceased from	June , 19 \$ 0 to	Thure, 1950t	hat I last saw the
18	deceased alive on 9 Muse, 19	10, and that death occu	rred at 945A m., from a 23B. ADDRESS		23c DATE SIGNED
age	24A BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24c. NAME OF CEMETE	ERY OR CREMATORY 240. L	OCATION ICIN, town, or	
	10unal 6/12/30	noudon	Vack 1	salto m.	K.
correct	DATE RECEIVED BY REGISTRAL'S SIGN	THE MAN OF THE PARTY OF THE PAR	25. FUNERAL DIRECTOR	5305 Harfor	I Rel.
		2510	7	00	140
,		3569			7



BALTIMORE CITY HEALTH DEPARTMENT

50 5191 Registered No.

11-1	BIRTH NO.			CERTIFICATI	E OF DEATH	Tregioteteu .		
	I. NAME OF D	ECEASED				2. DATE		
11_	Otto Braun				OF June	7, 19	950	
	B. PLACE OF D				4. USUAL RESIDENCE (V	Where deceased lived, It	institution	: residence
ll E	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or			B. COUNTY	bete	ore admission)		
11 4	HOSPITAL OR Baltimore City Hospital location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give			RAL and give
	NOTITORION	4940 Eastern	Avenue		Baltimore	7/0.	-120	township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)		
	Length of s	tay in Baltimore		Life Mos.	No Home			
0,	S. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under T Year	It Under 24 Hours
	Male	White	WIDOW	ED, DIVORCED (Specify)	Oct. 19, 1875	last birthday) M	onths Days	Hours Min.
1	OA. USUAL OC	CUPATION (Give kind of			11. BIRTHPLACE (State or fo	oreign country)	12. CITIZ	EN OF
WO	rk doos duriog most o	of working life, even if retired)		INDUSTRY		,		COUNTRY
1	3. FATHER'S N	NAME			Maryland 14. MOTHER'S MAIDEN N.	AME		
	Aa	lam Braun (Br	(mm)					1/
-		D EVER IN U. S. ARMED		La cocia	Wilhilmena Ros	sa		
(1	es, no or uokoowo)	(If yes, give wer or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Boltime	ore City Hor	DDRESS	
_					Records: 4940 E	ore City Hosi	3 TOSTT	
	18.	77X .		CAUSE	OF DEATH		INTER	ANO OEATH
	DISEAS	E OR CONDITION	DIRECTLY				-	ANO OLAIM
	(This does	not mean the mode o	f dying, e.g	., (A) Acute	Peritonitis			
	injury or	re, asthenia, etc. It mea complication which c	ns the disease aused d eath.	e,				
		ANTECEDENT CAUS	FC				1000	
Z	7 4 7							
0	DISEASES	OR CONDITIONS, IN	ANY, GIVIN	G		***************************************		*****************
AT	UNDERLY	ING CONDITION LA	ST.					
2				(C)	······································		*******	• • • • • • • • • • • • • • • • • • • •
ERTIFICATION		II II						
ER	OTHER S	IGNIFICANT CONDI	NOT RELATE	0 7 1 . 7	arman ta			
Ū		SEASE OR CONDITION						
AL	5-28-43	2/		FINDINGS OF OPER			1	AUTOPSY?
U		ENT WAS UNDER-		ce of INTURY (a rich	STATE or 21c. WHERE DID (I	If in Baltimore City,	YES .	
MEDI	CAUSE OF	R CONTRIBUTING	about home, fa	arm, factory, street, office bldg., e	INJURY OCCUR?	in baltimore City,	give exact	- location)
	210. TIME ((Month) (Day) (Year)	(Hour) 2	IE. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?		
	o. moon!		m. W	WORK NOT WHILE				
	22. I hanch	u contifu that I -44		-	28 1948/to	6_7 10 5	0 41 7 7	
-	22. I hereby certify that I attended the deceased from 7-28, to 6-7, 19 50 that I last saw the deceased alive on 6-7, 19 50 and that death occurred at 8P m., from the causes and on the date stated above.							
	23A. SIGNAT		1000		3B. ADDRESS	ne causes and on t	23c DA	TE SIGNED
		(1)	185		940 Eastern Avenu	18	6-7-	
2	MAL BURIAL C	REMA- 248. DATE	1/2	4c. NAME OF CEMETE		CATION (City, town		(State)
J	DEMOVAL (S	(6/10/	50	60 d	1411	22/1/	had.	
	ATE RECEIVE			RE	25 FUNERAL DIRECTOR	Jan 1	ADADRES:	5 0
	OCAL REGIST	RAR (Luctural		entre War		5305 Tra	11 0	Fol
J	Oll of High	There.	market se	AND THE PROPERTY OF THE PARTY O	7	/	-	B
				/			51	1~

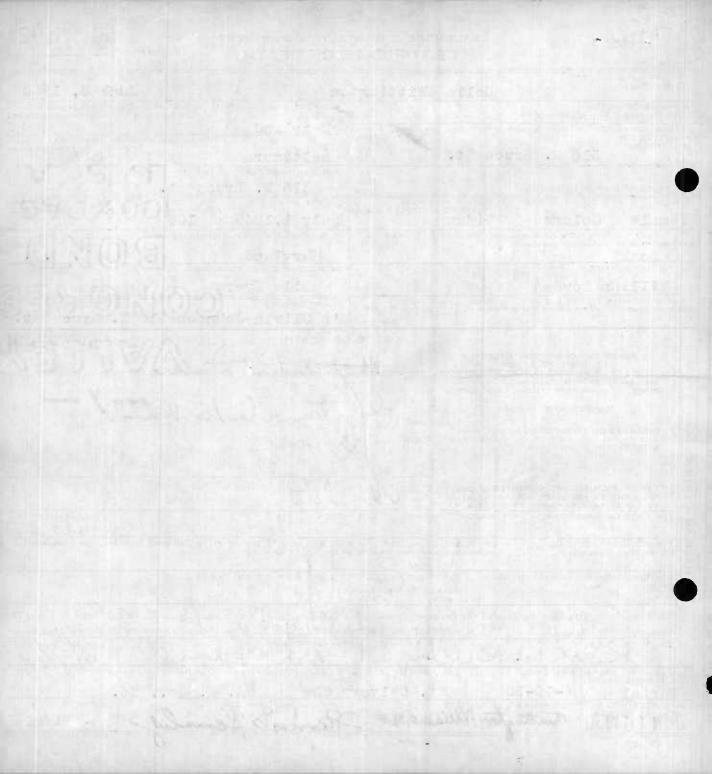


VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Delia Whittington OF June 6, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 316 N. Bruce St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 316 N. Bruce St. Length of stay in Baltimore Days 9. AGE (In years If under I Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Female Colored Widow July 1.1849 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY U. S. A Cook Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Bowden Lila Myers 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknnwn) | (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 's Olivia Johnson 316 N. Bruce St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? MEDICAL YES (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21d WHERE DID 21B. PLACE OF INJURY (e. g., in or) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 19 TU to_ _, 19 Ju that I last saw the 22. I hereby certify that I attended the deceased from_ 19 50, and that death occurred at // 19 pm., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY /24D. LOCATION (City, town, or county) / (State) TION, REMOVAL (Specify Mt o/ 6-10-50 Calvery Cem Burial A. Co. Md. 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE 578 W. Biddle



50 5193 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ame , DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or none HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Provident HOSP. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1574 Richland Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year I If Doder 24 Hours last birthday) Months; Days Hours! Min. Male Calmed married. 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 1. BERTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Bolen 13. FATHER'S NAME 4. MOTHER MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no.or uokoowo) (If yos, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, po,or uokoowo) SECURITY NO. NO Hall 17-74 Richland Ave 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., miliary Tbo heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., io or ebout home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 7/599 that I last saw the 22. I hereby certify that I attended the deceased from. m., from the causes and on the date stated above. deceased alive on 6/7/50 19 and that death occurred at 23A. SIGNATURE 23s. ADDRESS 23c. DATE SIGNED 24B. DATE 24A. BURIAL, CREMA-DON, REMOVAL (Specify) ADDRESS 32 2

VS 150

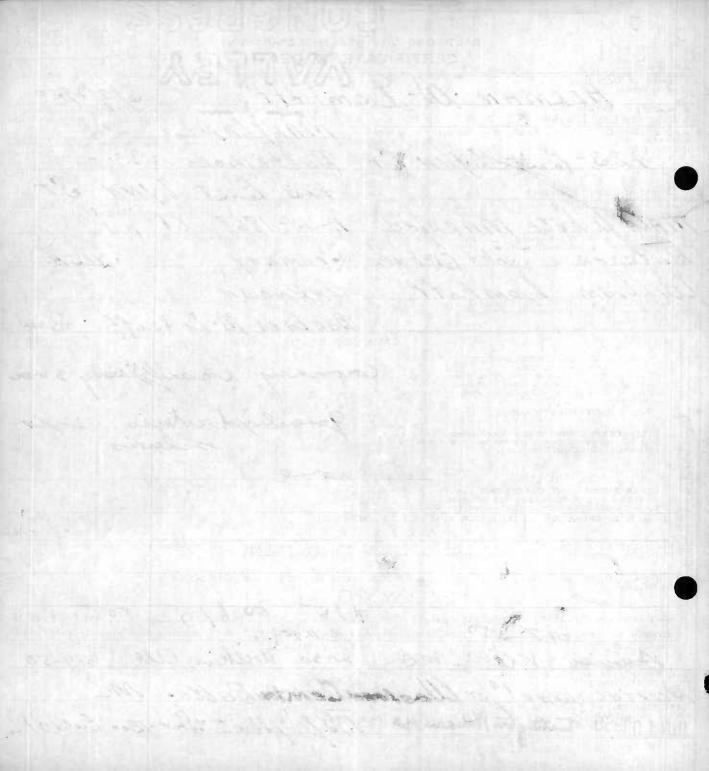
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Ohief Medical Exeminars office

1	510		24	THORE SITY				50	5194
5	0 5194 RTH NO.	1	BAI	CERTIFICA			Registere		0104
1.	NAME OF DEC	HERM	AN	-111-4	mika	ff	2. DATE OF DEATH	1/1/1	950
	PLACE OF DEA Baltimore Cit			pa L	4. USUAL A. STATA	RESIDENCE (W)			n : residence fore admission
H	FULL NAME OF SPITAL OR STITUTION	F (If not in hosp	oital or institut	ion, give street addre	4.	TOWN (If o	outside corporate li	mits, write R	URAL and give
	1 42	3-625	+ hy	INN ST	Bal	timo	ee 2	0-0	5 township
C.	Length of sta	y in Baltimore		Ĭ.	ios. Oays AZO	ADDRESS (If r	ural, give location	VN I	54
1	MALE	Unzite	MA	E, MARRIED. VED, DIVORCED (SI	8. DATE OF	- 1868	9. AGE (fn years last birthday)	# Under I Year Months Day	Hours Min.
		UPATION (Give kind working life, even if retire		OF BUSINESS O		LACE (State or for	eign country)		ZEN OF AT COUNTRY
13	FATHER'S NA	ME C	VOICH	LICKNER	14. MOTHE	R'S MAIDEN NA	ME	110	5 /4.
15	WAS DECEASED	EVER IN U. S. ARM	onk	16. SOCIAL	LINK	NOWN			
(Ye	, no or unknown)	(If yes, give war or de	ates of service)	SECURITY N	17. INFORM	rea M-	Dombo	ADDRESS	came
	18. 420	, 1		CAU	SE OF DEATH	1	,	INTE	RVAL BETWEEN
	(This does re heart failure	OR CONDITION LEADING TO DE not mean the mode, asthenia, etc. It momplication which	ATH e of dying, e. leans the diseas	se,	orona	my is	nouff	Ciency	3 more
-	A	NTECEDENT CA	USES		0-00	" Quied	- to ".		
CATION	RISE TO THE	OR CONDITIONS E ABOVE CAUSE () NG CONDITION	A) STATING T				selen	5	
E.		11		(C)	non	2			
CERTI	TRIBUTING '	GNIFICANT CON TO THE OEATH, BU EASE OR CONDITION	T NOT RELAT	ŁD .	************				
AL	19A. DATE OF			FINDINGS OF	PERATION			20. YES	AUTOPSY?
EDIC.	21A. ACCIDEN HOMICIDE	IT, SUICIDE, (Specify)		ACE OF INJURY (HERE DID (If	in Baltimore Cit		
2	21b. TIME (M OF INJURY	onth) (Day) (Yea	, ,	21E. INJURY OCC		W DID INJURY	occur?		
			ttended the	deceased from_	3/6	, 195 to 6	7		last saw th
	deceased aliv		, 19) 0,	and that death o	23B. ADDRES		e causes and or		stated above DATE SIGNED
2.	BURIAL, CR	EMA- 24B. DATE	celle	24C. NAME OF CEN		ATORY 1 240. LO	CATION (City, to		9-50 (State)
TI	ON REMOVAL (Spe	Colume	10/50	Masto	en Cera	to Ba	120- 1	nd.	
	TE RECEIVED CAL REGISTR	BY REGISTRA	F'S SIGNATU	IRE (MA)	25 FUNERA	266 Et	Non -13	ADDRE	tos P
	VS 150	Company of	44.830 11.00	A CONSTRUCTION OF THE PARTY OF	,,,,,,	7		94	a



(Type or Print)

HOSPITAL OR

5. SEX

male

Druggist 13. FATHER'S NAME Edward Powers

(Yes, no or unknown)

18.

3. PLACE OF DEATH: A. Baltimore City, Maryland

Length of stay in Baltimore

10A, USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED

B. FULL NAME OF

	50 5195 egistered No.
OI	T 77 7070
	eased lived. If institution : residence COUNTY before admission)
	orporate limits, write RURAL and give
Baltimore	13-07
	e location)
8. DATE OF BIRTH 9. AGE last	(In years of Under 1 Year of Under 24 Hours of Min.
11. BIRTHPLACE (State or foreign cou	WHAT COUNTRY
	USA
Katherine Brown	
17. INFORMANT	ADDRESS
Mrs. Mary L. Powers	4022 Roland Avenue
OF DEATH	INTERVAL BETWEEN
ribs	erus, pelvis,
	2. DAY OF DEA 4. USUAL RESIDENCE (Where deed A. STATE Maryland C. CITY OR TOWN (If outside of Baltimore D. STREET ADDRESS (If rural, giv 4022 Roland Avenue 8. DATE OF BIRTH 9. AGE last Sept. 23, 1891 5 11. BIRTHPLACE (State or foreign coor Maryland 14. MOTHER'S MAIDEN NAME Katherine Brown

(B) Rupture of liver, spleen, and left lung

heart failure, asthenia, etc. It means injury or complication which can ANTECEDENT CAUSE

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DISEASE OR CONDITION D

LEADING TO DEATH

(If yes, give war or dates

EDWARD A. POI

West Baltimor

6. COLOR OR RACE

white

(If not in hospital

11 OTHER SIGNIFICANT CONDITIONS CON-

(c) Hemorrhage of left chest and brain

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. UTING CAUSE OF DEATH.

218. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.) railroad

WORK

21D. TIME (Month) (Day) (Year) (Hour) a. m.

OF INJURY 22. I certify that I took charge of the remains described above, held an

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE

Burial 1950 DATE RECEIVED BY LOCAL REGISTRAR

21c. WHERE DID INJURY OCCUR?

Union & Railroad Aves. 21F. HOW DID INJURY OCCUR? NOT WHILE

jumped. or was pushed from bridge autopsv

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [, accident [, suicide [] , homicide [] , undetermined [] . 238, CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER....
MEDICAL INVESTIGATOR

23c. DATE SIGNED June 8. 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

20. AUTOPSY?

thercon and from

Bridge

YES X

(If in Baltimore City, give exact location)

25. FUNERAL DIRECTOR Burgee Funeral Home 3631 Falls Road

Texas.

070

and legibly.

causes

rne Write

please Fuysicians:

CERTIFICATION

MEDICAL

ımportant 2

to real to the 220421-2343 Line. Mr. J. Power H122 Admit Marrie



Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

5	4	Q.	7
3	J.	V	6

BALTIMORE CITY HEALTH	DEPARTMENT	
CERTIFICATE OF	DEATH	Registered No.
		7

	Sype or Print) Thenrietta Gober	tes 2. DATE OF DEATH CHARLES	7.1950		
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased fived, If ins	titution : residence before admission		
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)				
	2321 Dinesis St.	c. CITY OR TOWN , (If outside corporate limits, w	vrite RURAL and giv		
	Yrs. Mos.	D. STREET ADDRESS (If rufal, give location)			
-	Length of stay in Baltimore Days	2321 Direces St.			
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 1 lind last birthday) Month			
10	A. USUAL OCCUPATION (Give kind of the line	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF		
	NOONE INDUSTRY	Tourting office me	WHAT COUNTRY		
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Tering offerte	Charlotte.?			
(Ye	5. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	RESS		
	3236KH1 No.	margaret Curtin 23	21 Dines		
	18. 477, 7 . CAUSE	OF DEATH	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH		
	(This does not mean the mode of dying, e.g., (A)	Loure hypocardelis			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
	ANTECEDENT CAUSES				
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		***************************************		
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
O	UNDERLYING CONDITION LAST.				
ERTIFICATION	(c)				
2	OTHER SIGNIFICANT CONDITIONS CON-				
S					
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?		
S	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in	n or 21c. WHERE DID (If in Baltimore City, give	YES NO L		
MEDICA	HOMICIDE (Specify) about home, farm, factory, street, office hidg., a	etc.) INJURY OCCUR?	chact location;		
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRIOF INJURY	ED 21F. HOW DID INJURY OCCUR?			
	m. WHILE AT NOT WHILE m. WORK AT WORK				
	22. I hereby certify that I attended the deceased from he	ay 31 , 1950, to June 7 , 1950, t	that I last saw th		
	deceased alive on may 31, 1950, and that death occur				

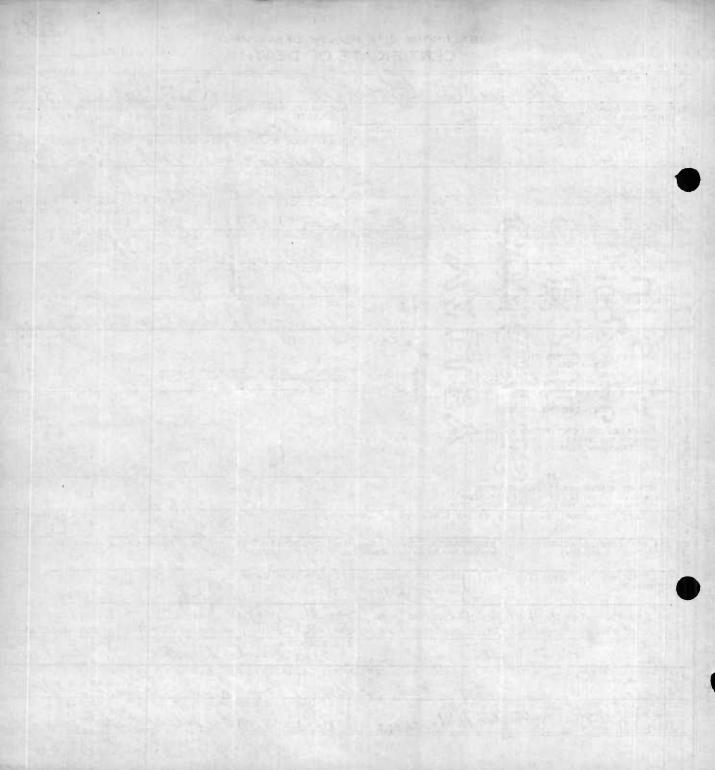
23A. SIGNATURE 23B. ADDRESS

23C. DATE SIGNED M. M. Putterman 2324 Reistentown Rd

24B. DATE 24c. NAME OF CEMETERY OR CREMATORY (State)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) County Agoresa 25. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRADO VS 150 Total of the interpretation



50 - 5198BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE BERNARD LANGELUTTIG DEATH June 8, 1950 S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3202 Liberty Hgts. Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. life Length of stay in Baltimore 3202 Liberty Hets. Days 9. AGE (in years last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH male white married March 6. 1883 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? President Electrical Supply Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August Langeluttig Marguerite Muhl 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or onknown) (If yes, give war or dates of service) ADDRESS Heights 16. SOCIAL 17. INFORMANT (Yes, no or onkoowo) 2-01-0666 Mrs. Bessie J. Langeluttig 3202 Liberty CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO chicdores. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT AT WORK WORK . 19 50 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 19 21 and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 246 NAME OF CEMETERY OR CREMATORY 24B/DATE Burial Balto., Lorraine Cema 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR NS 150

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24D. LOCATION (City, town, or county) Balto. National Cem. Balto., Md. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Thursting town / / / / /

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Hours: Min.

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10	E000		BALTI	MORE CITY H	EALTH DEPART		50 5200	
JU BI	DZUU		C	ERTIFICAT	E OF DEAT	'H Regis	tered No.	
1.	NAME OF DE					2. DATE		_
	PLACE OF DI		De Wo	AC	W 4 1101111 PECIN		June 9,1950	2
		ity, Maryland			A. STATE	B. COU	lived. If institution: residence	n)
H	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institution,	give street address of location			rate limits, write RURAL and gi	310
IN	ISTITUTION	en Memor	: , 16.	:/-/	Balte		townshi	
4	T Uni	en remor	100	Yrs.		ESS (If rural, give loce	ation)	-
		ay in Baltimore	lite -	Mos.	3708	Troyden A	ve.	
5.	SEX	6. COLOR OR RACE		ARRIED, DIVORCED (Specify	8. DATE OF BIRT		years II Under I Year II Under 24 Horday) Months Days Hours Mi	
	F	White		ried	NOV. 8, 1			
	k done during most o	Working life, even if retired	108. KIND O	BUSINESS OR . INDUSTR	Y	State of foreign country	12. CITIZEN OF WHAT COUNTR	Y
	FATHER'S N	ewife			14. MOTHER'S M	yland	U.S. A.	/
13			wiis	0.4	AA-	D- 11	/	
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES? 1	6. SOCIAL	17. INFORMANT	Bellingi	ADDRESS	
	(, no or unknown)	(If yes, give war or date		SECURITY NO.		m H. DeWolff	3708 Croyden Rd	1.
	18 H 20 CALISE OF DEATH INTERVAL BETWEEN							
	DISEASE OR CONDITION DIRECTLY							
	(This does	not mean the mode	of dying, e.g.,	(A) Bro.	nchial pr	neumonia		
	injury or	re, asthenia, etc. It me complication which	caused death.)	502 10				
TION	19357	ANTECEDENT CAU	SES					
Z	DISEASES	OR CONDITIONS.	IF ANY. GIVING	(8)	V-A			
ATIO	RISE TO T	HE ABOVE CAUSE (A	STATING THE	OUE TO				
RTIFIC	OTHER C	II IGNIFICANT COND	ITIONS CON	(C)				
SE	TRIBUTING	TO THE OEATH, BUT	NOT RELATED	AS.	HD			
				NDINGS OF OPE	RATION		20. AUTOPSY?	-
' Y	214 ACCIDE	NT, SUICIDE.	L 212 BLACE	OF INJURY (e. g.,	in or 21C, WHERE	OID (If in Poltimon	e City, give exact location)	
EDI	HOMICIDE	(Specify)		factory, atreet, office bldg			e City, give exact location)	
MEDICA	210. TIME (Month) (Day) (Year	(Hour) 21E	INJURY OCCUR	RED 21F. HOW DIE	NJURY OCCUR?		
	OF INJURY		WHII	LE AT NOT WHIL				
	22. I hereha	certify that I at		ceased from		Tin June 9	1950 that I last same	h.
	deceased al	ive on June 8	19 50 and	d that death oeci	erred at 500 A m	, from the eauses ar	2, 19 52 , that I last saw t nd on the date stated abou	e.
	23A. SIGNAT	URE CO	and ne	2	238. ADDRESS	emorial /for	23c. DATE SIGNE	D
24	4A. BURIAL, C	REMA- 24B. DATE	5211	M. O.	ERY OR CREMATORY	, ,	1,750	-
Tie	ON, REMOVAL (S	pecify)
D	Buria .) 'S SIGNATURE	St. Mark'	S Com.	Highland, Md	ADDRESS	-
	OCAL REGISTI			1000	8/2m	1 /ratem	A Vans	
-	VS 150		1 1		- William	de . John Marie	(Bull)	
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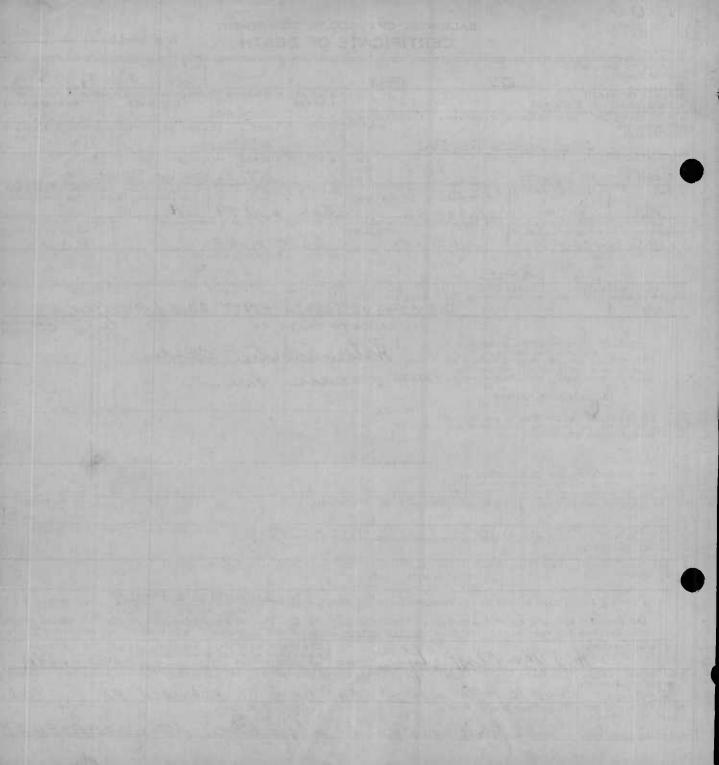
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5201 Registered No.

BIRTH NO.				
I. NAME OF DECEASED (Type or Print) David Jo	seph Kaufman		2. DATE OF DEATH J	une 7, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	Balto. Md.	Maryland	Where deceased lived. B. COUNTY	lf institution; residence before admission)
HOCDITAL OR	pital or institution, give street address or location)			
3033 Oakley	A	C. CITY OR TOWN (II		nits, write RURAL and give
3033 Oaktey	Ave.		1d. 61	-//
	Yrs. Mos.	D. STREET ADDRESS (If		
. Length of stay in Baltimore	Days Days	3033 Oakley		
5. SEX 6. COLOR OR RAC	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	0ct. ? 1870	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind		11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF
work done during most of working life, even if retire Salesman	Furniture Furniture			WHAT COUNTRY
13. FATHER'S NAME	Furniture	Germany	AME	U.S.A.
Toronk Vondonon			AWE	
Joseph Kaufman 15. WAS DECEASED EVER IN U. S. ARM		UnKnown		
(Yes, no or unknown) (If yes, give war or de	ates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Mrs.Julia Kau	ıfman 3033	Oakley Ave.
18. 3 3 / X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	N DIRECTLY	0 0 0	n	ONSET AND DEATH
(This does not mean the mode	EATH	tral hemon	have	2 days
heart failure, asthenia, etc. It m	neans the disease,	(**************************************		
injury or complication which	caused death.) DUE TO			
ANTECEDENT CA	USES	and andrews (End a Tax	1 144
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION II OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU	(B)	us secens	- your	(1)
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO			
UNDERLYING CONDITION	LAST.			
<u> </u>	(C)			
OTHER SIGNIFICANT CON	DITIONS CON			
TRIBUTING TO THE DEATH, BU	JT NOT RELATED			
O TO THE DISEASE OR CONDITION	198, MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
1 2	102, 111, 100, 111, 112, 112, 112, 112,			YES NO
21A. ACCIDENT, SUICIDE.	218. PLACE OF INJURY (e.g., in	in or 21c. WHERE DID (If in Baltimore City	give exact location)
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	about home, farm, factory, street, office bldg.,			
Z VVV			V 0001170	
21D. TIME (Month) (Day) (Yes			Y OCCUR?	
V	m. WHILE AT NOT WHILE			
22. I hereby certify that I a	stlended the deceased from	re 6 135 to 8	me 7 mgg	St, that I last saw the
	7, 1950, and that death occur	rred at 1130 Pm from t		the date stated above.
23A. SIGNATURE		238. ADDRESS	110 0000000 0100 070	23c. DATE SIGNED
J. Frederick	Lert M.D.	Terrile Fande	717	Ima 9-50
24A. BURIAL, CREMA- 24B. DATE		RY OR CREMATORY 24D. L	OCATION (City, tow	vn, or county) (State)
TION, REMOVAL (Specify)	1 1050 Ohoh Cha	l om	1 + 4 m c = c	MA 7
Burial June 1 DATE RECEIVED BY REGISTRA		LLOM BE	altimore,	Md 1 Address
LOCAL REGISTRAR	11/21 · ······ 44.00 ·	G 9-0	10 1	
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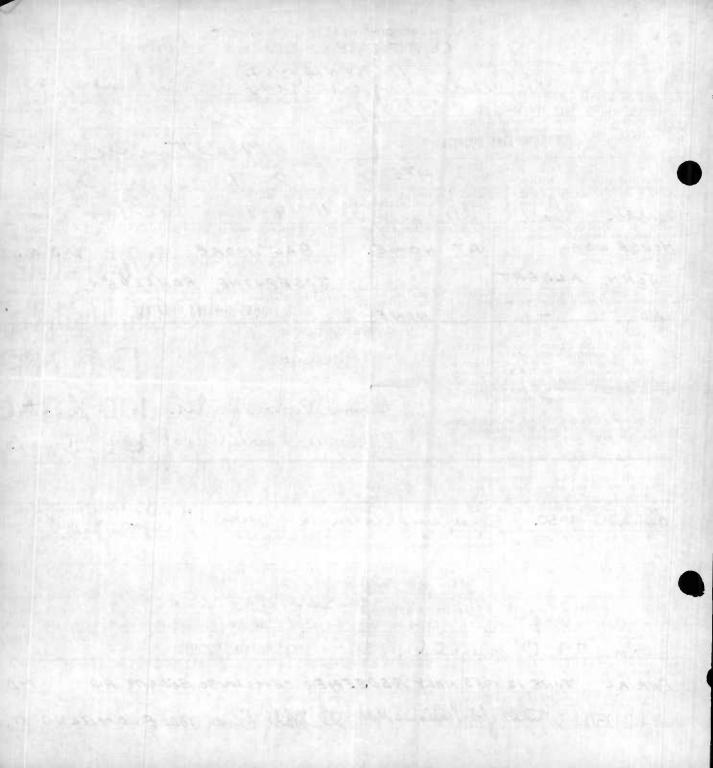


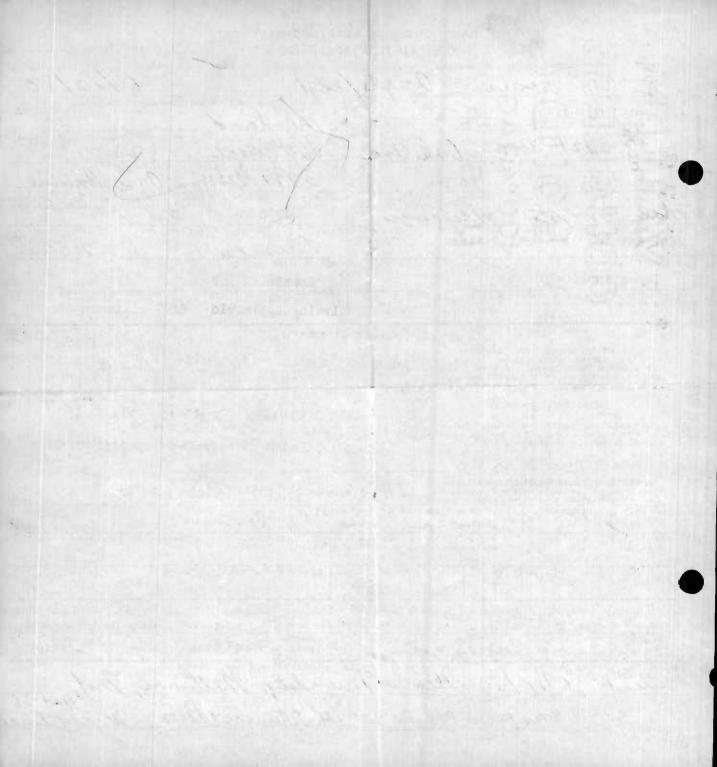
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5203 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED RYNIEWICZ 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location? (If outside corporate limits, write RURAL and give IONES HOPKIES HOSPITAL C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) LIFF Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR HOUSE WORK NOME. BALTIMORE U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALBERT JOHN JOSEPHINE ROHLEDER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITEL NO NONE 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Operation 2 1950. 198. MAJOR FINDINGS OF OPERATION Fhidermoe Carcinowa of wagwat YES V 21A ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact docation) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from 4-24-. 19 Sethat I last saw the , 19 2 and that death occurred at 1/2 400 deceased alive on 19 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) (State) TUNE 12 1950 HOLY REDEEMER CEM 4430 BELAIR RD BURIAL 171) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1800 ELOMBARD ST VS 150

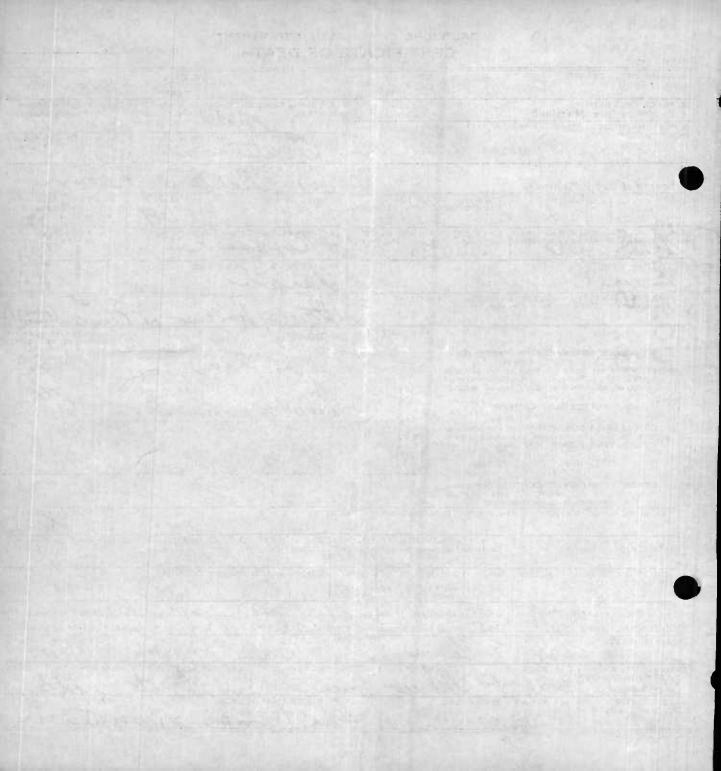
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Physicians:







H-220 CERTIFICATE CURRECTED.	LITH DEPARTMENT X 50 5206
50 5206 BALTIMORE CITY HEA	
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH 6-10-50
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. GOUNTY before admission
HOSPITAL OR INSTITUTION location) location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
Length of stay in Baltimore 26 Mos.	o. STREET ADDRESS (If rural, give location)
WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 9. AGE (In years It Under I Year Months Days It Under 24 Hours Min
work done during most of working life, even if retired) Engune (TAT) Engule	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Leage F. Thighes	mary Childs
15. WAS DECEASED EVEL IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON.	cenoma of lung 5 mod
TRIBUTING TO THE DEATH, BUT NOT RELATED	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA 5-/50 21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., interpretation of the control of t	TION 20. AUTOPSY? YES NO [20. AUTOPSY? YES
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY MHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6-1 deceased alive on 6-10, 1950, and that death occurr 23A. SIGNATURE 23	ed at 3 ° 10 m., from the causes and on the date stated above B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER TION, REMOVAL (Specify) 6/13/15. Day Hill	YOR CREMATORY 240 LOCATION (Bity, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	The With Danaldson Laurel, Md
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BIRTH NO 1. NAME OF DECEASED (Type or Print)

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. DATE PETER DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or marviana B. FULL NAME OF HOSPITAL INSTITUTION W. location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give O. STREET ADDRESS Yrs. (If rural, give location) 02 Greenwich Length of stay in Baltimore 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) MARRIED 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Salesman 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 5/04 CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pertensive Heart LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES 21A EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) PRIMARY OR CONTRIBUTING | about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes **X**, accident \square , suicide \square , homicide \square , undetermined \square . 238. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR.

DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE

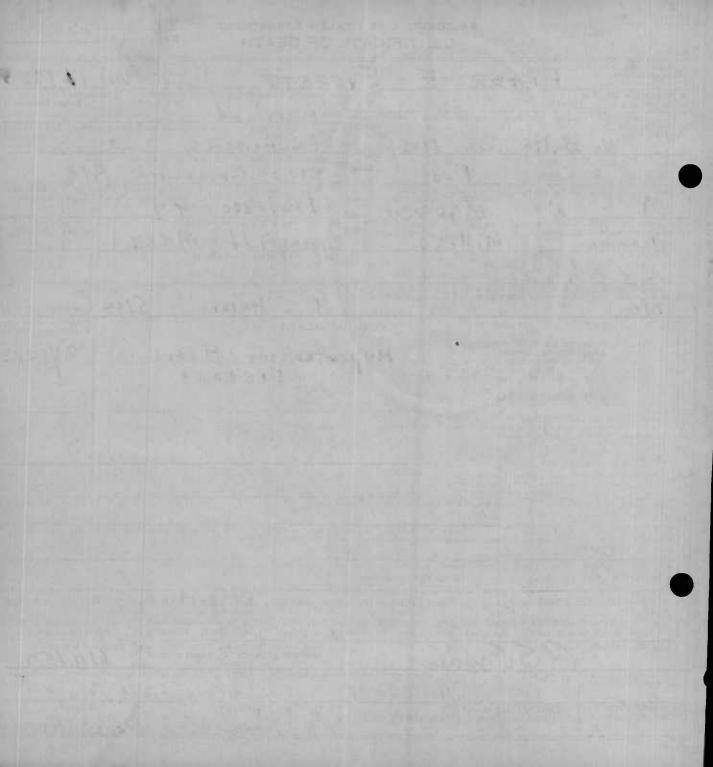
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24c. NAME OF CEMETERY OR CREMATORY

240. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

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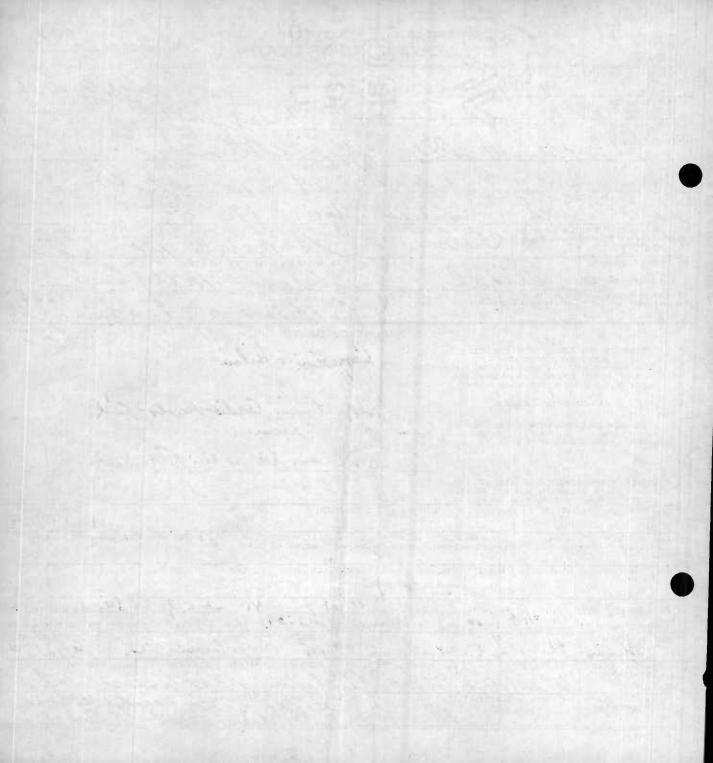
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BALTIMORE CITY HEALTH DEPARTMENT

50 5209

	IRTH NO.			CERTIFICA	TE OF DEAT	ТН	Registere	d No	
1 (. NAME OF D Type or Print)		JDALL	SEI	GAL		OF DEATH W	ne a	10.50
	Baltimore	EATH: City, Maryland	5130		4. USUAL RESIL			If instituti	on : residence pefore admission)
B	FULL NAME		1	n, give street address location		A (If outside		mits, write I	RURAL and give
	77	00 / 900	W/ X	Yr		RESS (If rural,	give location)	11	
		tay in Baltimore	4	Marson	vs 1403	Bru	M	Wt.	
	hale	Color or RAC	100	MARRIED.	S DATE OF BIRT		ast birthday)	Months Da	ys Hours Min.
WO	OA. VEUAL OC red due during mont	CUPATION (Give kind of working life, even if retire	of 108. KND	OF BUSINESS OR	I. BIRTHPLACE	Islate or foreign	nd		TIZEN OF
1	3. FATHER'S I	NAME	eign &	2	14. MOTHER'S M	TAIDEN NAME	and	land	2
T A	5. WAS DECEAS	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	00.	1000	ADDRESS	2639
(ho	(, , , , , , , , , , , , , , , , , , ,	0	SECURITY NO	Ju. ldwa	ed sleig	al c	Har	on the
	18. 44	2X		CAUS	E OF DEATH	. /			ERVAL BETWEEN
	DISEAS	SE OR CONDITION	N DIRECTLY	(west: A	ulin			
	heart failu	LEADING TO DE s not mean the mod- are, asthenia, etc. It m complication which	eans the disease		James C.		***************		
		ANTECEDENT CA	USES	- //	ben trains	andis-ve	en land	1	
ATION	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	A) STATING TH		meir	۷-			
FIC				(5)	Pulmoray Ed	ena and	arr.	ter.	
RTI		ll SIGNIFICANT CON					8		
CE	TO THE D	G TO THE DEATH, BE	ON CAUSING IT						
AL A		OF OPERATION	198. MAJOR	FINDINGS OF OF	PERATION			20 YE	D. AUTOPSY?
EDIC	214 ACCIDS	ENT, SUICIDE. (Specify)	21B. PLA	CE OF INJURY (e. rm, factory, street, office ble	g., in or 21c. WHERE dg.,etc.) INJURY OCC		Baltimore Cit		
Σ	21D. TIME OF INJURY	(Month) (Day) (Yes	w	1E. INJURY OCCU	ILE	OCC	CUR?		
	22 I hough			WORK AT WOL	111 6	45 to have	7 10	10 that	I last saw the
	deceased a	y certify that J	19 Jo a	nd that death oc	curred at 2:34n	**			
	23A, SIGNA	TURE H	auto.	/ * M. D.	23B. ADDRESS	rosylvere	· Au		DATE SIGNED
21	14A. BURIAL.	Specify) 6/62	11950	4c. NAME OF CRME	Puhuln	Bal Bal	Line	wn, or count	The (State)
I L	OCAL REGIST	The same of	R'S SIGNATUR	Aill.	25 FUNERAL DI	IRECTOR . S	inera	ADDR	Home
111	N 1 1 133		7	January Mr.	1 8601 1	huid	alel	1 Ch	1

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copecianty important. Invisionant, please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

5210

	BIRTH NO.			CERTIFICAT	E OF DEATH	- Regi	stered No	
	1. NAME OF D (Type or Print)	CURI	ris	N	ANCE	2. DATE OF	June 9, 1950	
-	3. PLACE OF D	EATH: City, Maryland				DEATH NCE (Where deceased B. COL	d lived. If institution: residence	
- 11	B. FULL NAME HOSPITAL OR		al or institut	ion, give street address or location)	Maryland	1	rate limits, write RURAL and giv	
	INSTITUTION	South Balti	more Ge	eneral Hospita	Baltimor	re	16-04 township	
d	Length of s	tay in Baltimore		Yrs. Mos. Days		ss (If rural, give local formula street)		
	Male	6. COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In last birth		
W	10A. USUAL OC	COLOTED CUPATION (Give kind of of working life, even if retired)	10B. KINE	Single OF BUSINESS OR INDUSTRY		tate or foreign country	7) 12. CITIZEN OF WHAT COUNTRY	
_	Stud 13. FATHER'S 1	ent	Publi	c school	Baltimpr		USA	
		rtis Nance			Louise Ar			
11 (15. WAS DECEASI Yes, no or unknown) NO .	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	700	ADDRESS	
	18. E9	29.81			of DEATH	Nance 702	N. Monroe St.	
	(This does	SE OR CONDITION LEADING TO DEA not mean the mode of tre, asthenia, etc. It mos	TH of dylng, e. : ins the diseas	B. (A) Drown	ing	***************************************		
	injury or complication which caused death.) DUE TO							
7	DISEASE	S OR CONDITIONS, 1	F ANY, GIVIN	(B)	***************************************	***************************************		
ATIO	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	(C)		·····		
FOTIEICATION	OTHER S	II IGNIFICANT CONDI				HITTSTI		
0 10		TO THE OEATH, BUT	CAUSING I	т				
11_	1	F OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		YES NO	
FDICA		NAL CAUSE WAS G M OR CONTRIB- CAUSE OF DEATH.	ebout home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e ravel Pit	() INJURY OCCUR	27	re City, give exact location)	
MF		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	00 Blk.Frankfurst S	
	June 9		F . m.	WORK NOT WHILE		while swimming		
	22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above.							
	23A. SIGNAT		resulted f	rom: natural causes	238. CHIEF MEI	uicide □, homicio DICAL EXAMINER DICAL EXAMINER		
	24A. BURIAL. C	REMA- 248. DATE	100	M 24c. NAME OF CEMETE	D. MEDICAL INVE	STIGATOR	10-50	
	non, REMOVAL (S Burial	6/14/	1950	Mt. Aubur		Baltimore		
	DATE RECEIVED	RAR	S SIGNATU	Voltagia Alm	Holdand F	aneral Hon	me ADDRESS	
	V S 151	-990 X	E.A		Hallan	Quie		
		, ,			1651 1	villed of	un our	

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BALTIMORE CITY HEALTH DEPARTMENT

50 5211 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) COLIET V. DIXON WATERS 2. DATE OF DEATH WILL & 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION (If outside corporate limits, write RURAL and towns	
Yrs. D. STREET ADDRESS (If rural, give location)	
Length of stay in Baltimore 32 years pays 1626 Hallen are.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DWORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours: N	ilous Min.
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE State or foreign country) 1.2 CITIZEN OF	
WHAT COUNT Baltimore, Ind what count	rry?
13. FATHER'S NAME	
Filliam B. Willow Blanche Schuyler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL 17. INFORMANT SECURITY NO. 17. INFORMANT	
Mrs Blanch Neym 1606 Starlen	ay
18. S / O , CAUSE OF DEATH INTERVAL BETWOONSET AND DE	
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A) Talpalus surefreezes there	7
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z (B) Worksois of the Kever 4 glan	1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY	Y?
YES NO	-
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or larm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 5 June, 1950, to 8 June, 1950, that I last saw	the
deccased alive on 8 Miss, 1950, and that death occurred at 3 m., from the causes and on the date stated about	
23a. SIGNATURE 23c. DATE SIGN	VED
Manufactor M.D. 1927 Madeson We 610 10	1
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Sta	ate)
Bureal 6/11/1951 Mr. Calvary Sattemore Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Survey ADDRESS 1	-

JUN 51 30 1950

especially important. Physicians: please write the causes of death clearly and legibly.

124B

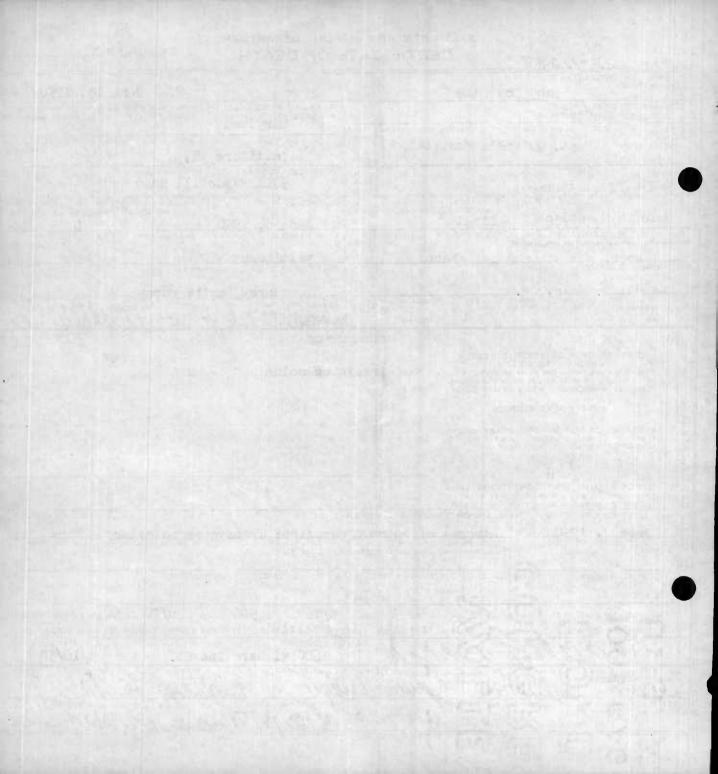
2 600 some many anterior Curry of Jane The Marie To Care To C clearly

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Physicians:

important.



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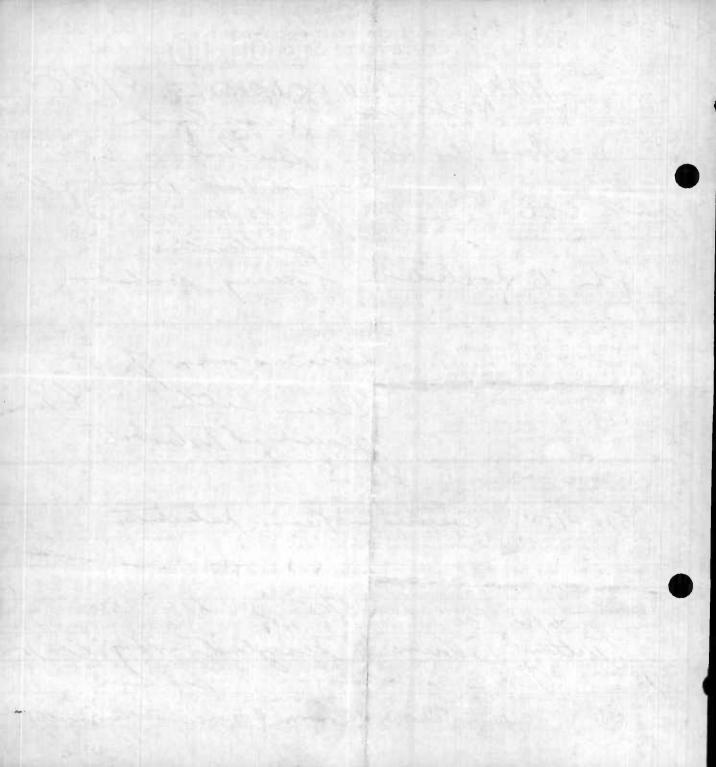
50 5213

CERTIFICAT	F OF DEATH Registered No.
BIRTH NO. SO 09801	E OF DEATH Registered No.
(Type or Print) Baky Cale	2. DATE OF 6-9-50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address o	md. Caltinarie
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township
Jr. agnes Hospital	Hollo. Vella_
Length of stay in Baltimore Yrs. Mos. Days	5501 Comendson Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)	l l l l l l l l l l l l l l l l l l l
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles & Cole	Claralice Barrie V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. (Yes, no or uoknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Charles Same
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	-0.00
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	menul of his
injury or complication which caused death.) DUE TD	
ANTECEDENT CAUSES	Visit of C
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	sible as of ti
(c)	p.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CDN.	
W TRIBUTING TO THE DEATH, BUT NOT RELATED	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
OF INJURY M. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 1	
deceased alive on 19 19 and that death occur	rredut 2:00 m., from the causes and on the date stated above
	23B. ADDRESS
J. W. Shemma M. D.	St agns Hospital 6-11-10
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	ERY OR CREMATORY (240. LOCATION City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 200
MACALIFISTOR WILL WILL AND	Mae Mastand Sou
VS 150	Catingallo 211-1
	mons me 1119101

rnysicians: please write the causes of death clearly and legibly.

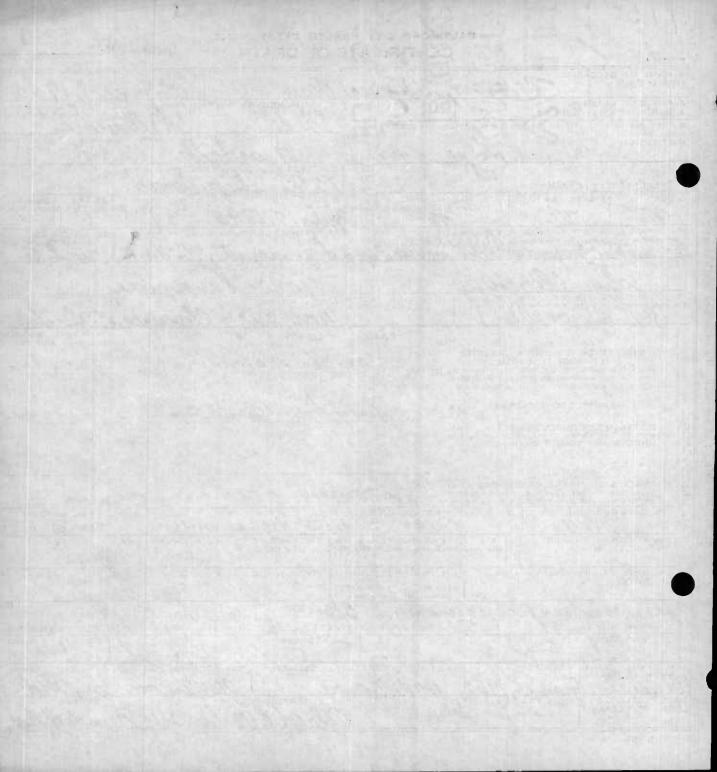
Baky was Care Octo 01 v 11---- (s)

ohleder 50 5214 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Length of stay in Baltimore Davs and 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORGED last birthday) Months: Lays Hours an 70 OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSHNESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DETEASED EVER IN U. S. ARMED FORCES? Yes, no or unimown) (If yes, give war or dates of cervice) 16. SOCIAL (Yes, no or un mown) ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., ip or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! . 195 Chat I last saw the 22. I hereby certify that I attended the deceased from_ . 19 00, and that death occurred at 10 12m., from the causes and on the date stated above. deceased alive on 6 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL CREMA-DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



Clevenger BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or umone HOSPITAL OR location C. CITY OR TOWN Uf outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 6. COLOR OR RACE | 7. SINGLE, MARRIED. 9. AGE (In years It Under I Year If Under 24 Hours last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of post done during most of working life, even if retired) RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR 13. FATHER'S NAME 15. WAS SECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH RANCHO PRESMONIA (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. -11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ENTENSIVE TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ENTRA CRAWIAL MALDENAWCY. 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT . 19 Shat I last saw the 22. I hereby certify that I attended the deceased from_ .. 19 50 and that death occurred at_ m., from the causes and on the date stated above. deceased alive on___ 23c. DATE SIGNED 23A. SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATOR (State) 24D. LOCATION TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 1950 VS 150

death



ruysicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

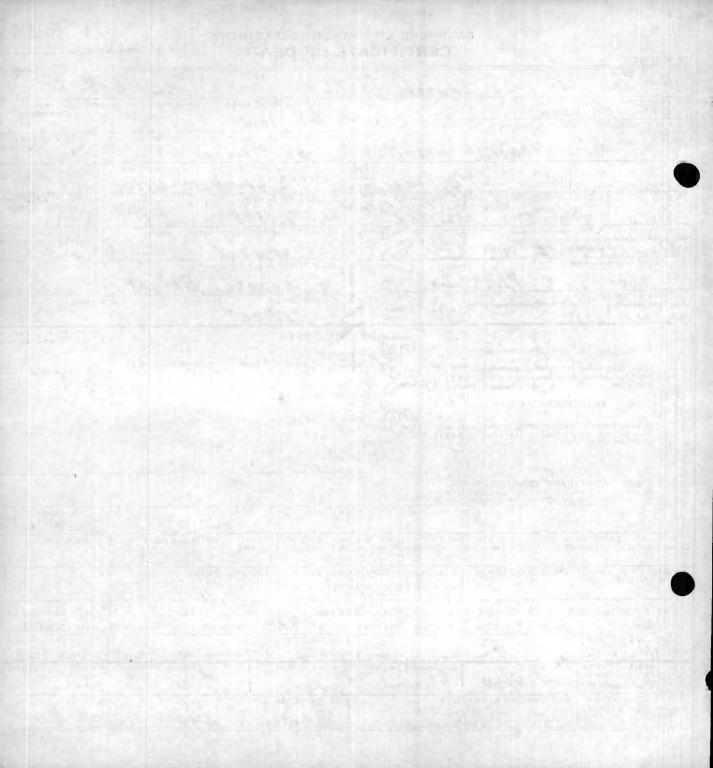
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	STAC)		CERTIFICATI	E OF DEATH	egistered No	
E	IRTH NO.			CERTIFICATI	E OF DEATH	rgistered M	0
	. NAME OF D Type or Print)		Murray		2. DAT OF DEA	6-10	-50
	. PLACE OF D	City, Maryland			4. USUAL RESIDENCE (Where dece	ased lived. If in	nstitution : residence
В	FULL NAME	OF (If not in hospit	al or institu	tion, give street address or	A. STATE B. (COUNTY	before admission)
]] H	OSPITAL OR	Baltimore (City Ho	snitale location)		rporate limits	write RURAL and give
1	3.1	4940 Eastern	Avenu	6	Baltimore	1-	township)
	The state of the s			Yrs.	D. STREET ADDRESS (If rural, give	location)	
		stay in Baltimore	L	ife Mos.	800 George Street		
5	. SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE	(In years If De	nder 1 Year If Under 24 Hours
_	Female	Negro	Wido	wed	Nov. 2,1886 63	7 (Mont	ths Days Hours Min.
10	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign cour		2. CITIZEN OF
_	dome	stic		INDUSTRY	Maryland	LOS BY	WHAT COUNTRY
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME		
10	WAS DECEME	John Th	omas		Margaret ?		
(Ye	s, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore	City ho!	podstals
_				-	Records: 4940 Easte	ern Aveni	ie
	18. 3 3	2-X.		CAUSE (OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				ONSET AND DEATH
		not mean the mode o	" led	Cerebra	al Vascular Thrombosis		
	neart failu	re, asthenia, etc. It mean complication which c	ns the diseas	е,		*******************	
	,,			.) DUE TO			
		ANTECEDENT CAUS	E\$	Ø-au om of			
6	DISEASES	OR CONDITIONS, IF	ANY, GIVIN	IG.	Lized Arteriosclerosis		******************************
E	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
Ü				(C)		**********	****
CERTIFICATION		- II					
F	OTHER S	IGNIFICANT CONDI	TIONS CON				
CE	TO THE DI	TO THE DEATH, BUT I	CAUSING I	T			
_				FINDINGS OF OPER	ATION		20. AUTOPSY?
CA							YES NO
MEDICAL	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA about home, f	ACE OF INJURY (e. g., in arm,factory,street,office bldg., et	or 21c. WHERE DID (If in Balti:	more City, giv	e exact location)
~	210. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR	?	
	FINSURY		m.	WORK NOT WHILE			
	22. I horoh	y certify that I atte			-10- , 19 50, to 6-10-	1050	
	deceased al	ive on 6-10-		11000000	, 10 2, 00	, 19 <u>20</u> ,	that I last saw the
	23A. SIGNAT		10_0	una inui aeuin occuri	red at 3.10PM, from the causes		
		G.S.	Cla	Zerry 4	1940 Eastern Avenue		6-11-50
24	A. BURIAL, C	REMA- 248, DATE	a	4C. NAME OF CEMETER			
110	N, REMOVAL (S	6-14-	57)	not De	1 . 1 13 1	5	mol
D	TE RECEIVE			RE I	25. FUNERAL DIRECTOR		DDRESS
LC	CAL REGISTI	Sth Hanting	tor Mi		8 2 10 may 1	00 ,	. 0
=		1001		7	Dermiel VV. Du	ena	Spr
	VS 150	The state of	No.	Co - 01	1. 1. 00	1	b. 0422
				52086	1011 M. Colon	grow	and sid

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50 5217 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HARRY PRIDDEY OF June 9, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Mercy Hospital Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos Length of stay in Baltimore 1721 Linden Avenue Davs 5. SEX 6. COLOR OR RACE 7. SHNGEE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) and WHOOWED, DIVORGED (Specify) last birthday) Months: Days Hours: Min. Male White Married 10A, USUAL OCCUPATION (Give kind of clearly 11. BIRTHPLACE (State or foreign country) 10s. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work dooe during most of working life, even i(retired) WHAT COUNTRY tecountan) 13. FATHER'S NAME MAIDEN NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL (Yes, no or nokoowe) (If yes, give war or dates of service) of SECURITY NO. causes CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Intracerebral hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Contusion of brain DISEASES OR CONDITIONS, IF ANY, GIVING xxxxxx Bronchopneumonia RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fractured skull OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING IT CAUSE OF DEATH. Public Building Public Welfare Office, 327 St. Paul OF INJURY June 6, 1950 (Year) (Hour)

4:15P 21F, HOW DID INJURY OCCUR? Fell down steps, inside 4:15P m. WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident A, suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME of CEMETERY OR GREMATORY | 24d. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAL



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LOCAL REGISTRAR

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death

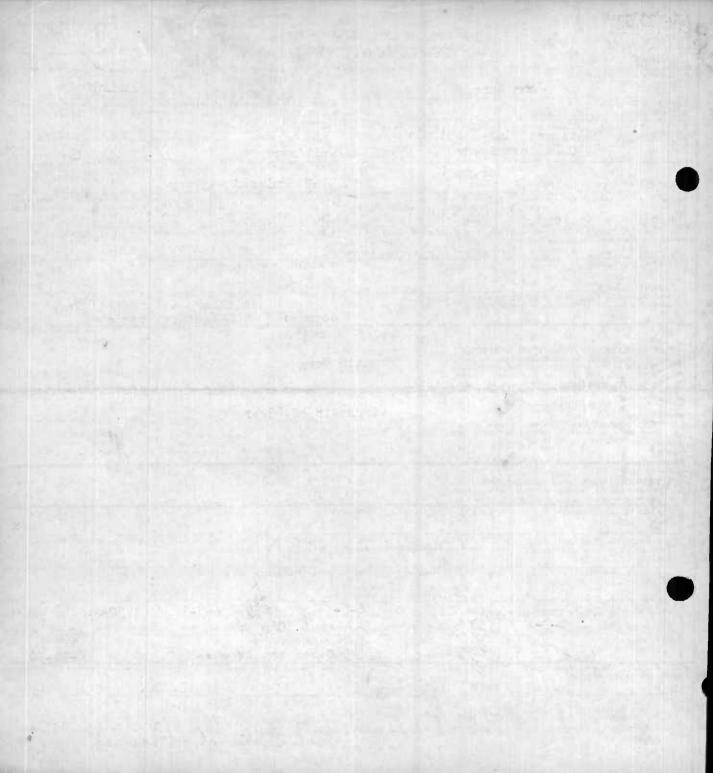
causes

BALTIMORE CITY HEALTH DEPARTMENT

50 - 5220

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) John Hare 6-9-1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) F (If not in hospital or institution, give street address or Baltimore lity Hospitals location) B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 3 days ? Mos. Pulaski Highway Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White Single Oct. 15, 1902 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Pennsylvania Railroad Co.. Pipe Fitter Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hare Rebecca ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospitals SECURITY NO. 4940 Eastern Avenue No. INTERVAL BETWEEN 18. 1.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Hepatic Come heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cirrhosis of Liver DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE ATT WORK 22. I hereby certify that I attended the deceased from 6-6-, 19 50 to 6-9- , 19 50, that I last saw the 1950, and that death occurred at 6.50Am., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23A. SIGNATURE 23C. DATE SIGNED 4940 Eastern Avenue-24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Colgate, Md. June 12, 1950 Oak Lawn Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR hutreston / Villias Uldrich Lyneral Home 2008 Orleans St.,

VS 150

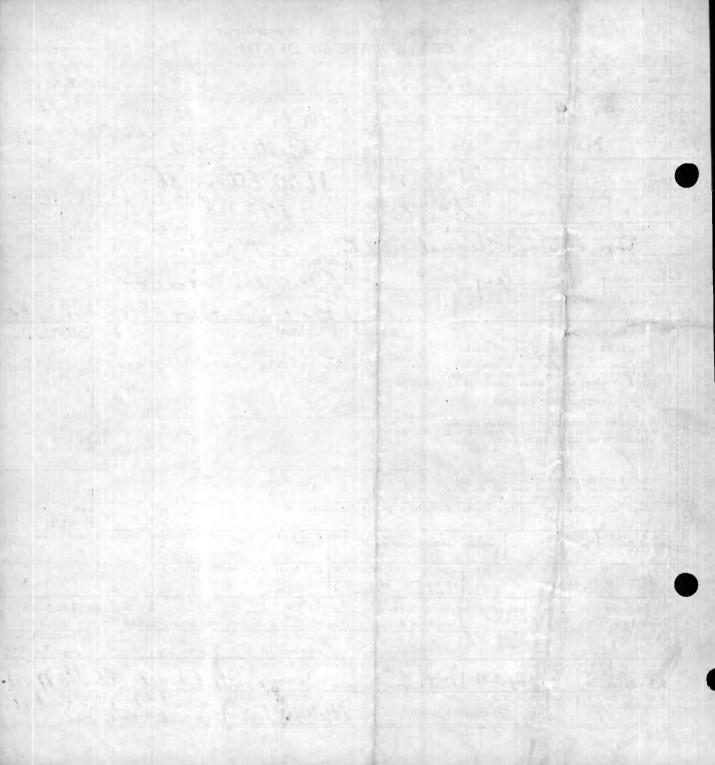


BIRTH NO. 4-87938	BALTIMORE CITY HE CERTIFICATI		Registered No.	5221
1. NAME OF DECEASED (Type or Print) LING2 ANN	Robinson		2. DATE OF DEATH 6 -	10-50
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in	before admission)
HOSPITAL OR	institution, give street address or location)	Bott/more	outside corporate limits,	write RURAL and give township
Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	11	Balt. 6
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9 - 4 - 47	9. AGE (In years If U	nder 1 Year ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, eveo if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Robinson	14. MOTHER'S MAIDEN NA	ame ann (Bruder
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, oo or uokoown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Glenner	DRESS
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dynamics of the condition of the	he disease, ed death.) DUE TO (B) (C) (C) (D) (C)	Elso W	drema knordoje	24 ho.
19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	WHILE AT NOT WHILE	etc.) INJURY OCCUR?	if in Baltimore City, gi	
24A. BURIAL, CREMA- TION REMOVAL (Specify) 6/11/50	950, and that death occur Lengt M.D. 24C. NAME OF CEMETE JOHN TURE	Tred at 3: 56 Pm., from to 3B. ADDRESS	he causes and on the forms of Hospital Sala	G - O S
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		BALTIMORE CITY HE CERTIFICATE	EALTH DEPARTMENT	Registered No	
	NAME OF DECEASED	CERTIFICATE	LOI DEATH		
	ype or Print) Elouise	Hansley		2. DATE OF DEATH June	8, 1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WH	erc deceased lived. If insti B. COUNTY	tution: residence before admission)
H	OSPITAL OR	or institution, give street address or location)	c, CITY OR TOWN (If o	utside corporate limits, wr	ite RURAL and give
IN	STITUTION Provident	Hosp.	Balto ~	nd	township)
9	Length of stay in Baltimore	26 yw Mos. Days	1600 Etten	g St.	
1	Emale Colored	7. SINGLE, MARRIED. WIDOS ED DIVORCED (Specify)	1911	9. AGE (In years last hirthday) Months	
10 worl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	MENUAL ALLELA	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?
13	hancy Hansle	in the second	14. MOTHER'S MAIDEN NAI	ME.	V
	. WAS DECEASED EVER IN U. S. ARMED F , no or unknown) (If yee, give war or dates o	FORCES? 16. SOCIAL of service) SECURITY NO.	7 INFORMANT	ADDR	ESA A
_			Per cella H	ansley ?	They M
М	18. 4/6 X		OF DEATH	/	ONSET AND DEATH
	DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of		cumatic hear	t disease	20 42.
	heart failure, asthenia, etc. It means injury or complication which can	s the disease,			
	ANTECEDENT CAUSE	is .			
NO	DISEASES OR CONDITIONS, IF	ANY, GIVING	***************************************		***************************************
RTIFICATION	RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST				
FIC		(C)			
	OTHER SIGNIFICANT CONDIT				
S	TRIBUTING TO THE DEATH, BUT NO THE DISEASE OR CONDITION OF	CAUSING IT.			
AL	19A. DATE OF OPERATION 19E	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., ix about home, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (I	Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
	OF INSORT	m. WHILE AT NOT WHILE			
	22. I hereby certify that I atter	nded the deceased from	6/8/50,19_, to_6	/8/50, 19_, th	at I last saw the
	deceased alive on 6/8/50,		red at p.m., from the	e causes and on the d	ate stated above.
	Juin W.	Seeper M.D.	1. 1 1	Losp	un 9,1950
TI	Burial CREMA 248. DATE (6/12/	50 Mt. Aufur	RY OR CREMATORY 24D. LO LEM - Wes	tport Ba	lto med-
D.	ATE RECEIVED BY REGISTRAR'S	SIGNATURE A	Heteral DIRECTOR	927.7128	mount st
	VS 150	7200	1	0	FA

correct age is especially important. Physicians: please write the causes of death clearly and regions.

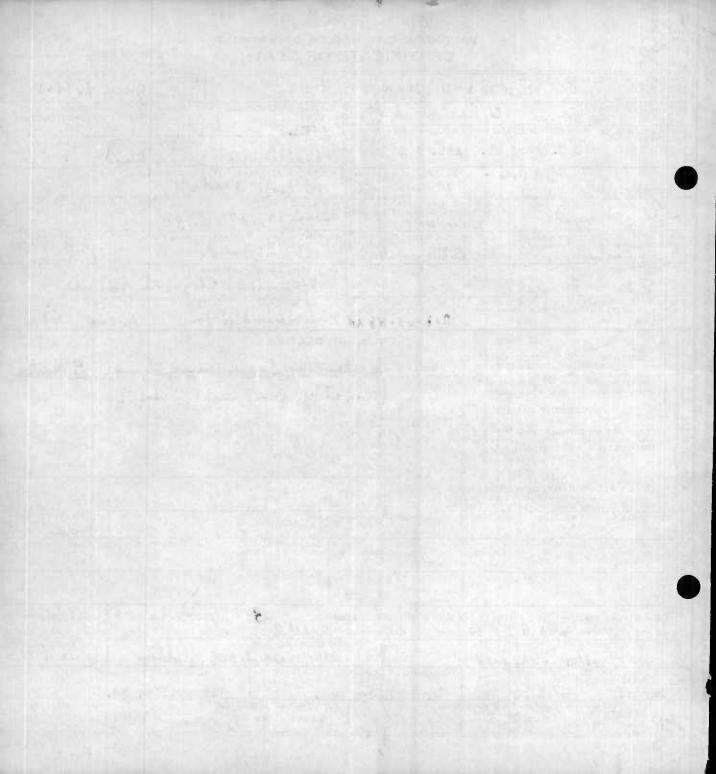


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) seorge W. Booth OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate lights, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years H Under 1 Year 8. DATE OF BIRTH II Under 24 Hours last birthday) Months! Days Hours! Min. WIDOWED, DIVORCED (Specify) March 17. 1879 narrie clearly 10A. USUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Machinist (rtd Metal Cap Mfer. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AM Henry Booth Atkinson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Remi (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO Pelvic metasTases ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. PROSTATIC CARCINOMA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION Jenst 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, atreet, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 5-29, 1950 to 6-10, 1950, that I last saw the deceased alive on 6-10, 1950, and that death occurred at 7:55 Cm., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24B, DATE 240 LOCATION (City, town, or county) Burial 6/14/50 Balto. Md Moreland Mem. Pk. 25 UNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR mitte aton Bill VS 150

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.	CER	TIFICATE	OF DEATH	Registere	d No.
1.	NAME OF DECEASED	Davis			2. DATE OF DEATH	e10.50
A.	PLACE OF DEATH: Baltimore City, Maryland	ms		4. USUAL RESIDEN	CE (Where deceased lived B. OUNTY	
H	OSPITAL OR	ospital or institution, give	street address or location)	C. CITY OR JOWN	(If outside corporate li	nits, write RUBAL and give township)
15	1331 4 7	1= 11/0	Yrs.	o. STREET ADDRESS	(If rural, gife l cation)	7.00
	Length of stay in Baltimor		Mos. Days	133124	41 sh	
	Male It hite	Hidowe Dive	ORCED (Specify)	Seph 11-18	9. AGE (In years last hirthday)	Months Days Hours Min.
Worl	a. USUAL OCCUPATION (Give kind one during most of pertog life, of on if re-		SINESS OR INDUSTRY	11. FIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF
	Halter L	Javis.		14. MOTHER'S MAID	Traff	
Yes	. WAS DECEASED EVER IN U.S. AI s, no or nuknown) (If yes, give war or		CURITY NO.	17. INFORMANT	erdesty 1331	ADDRESS W 41 SI
ERTIFICATION	DISEASE OR CONDITION (This does not mean the me heart failure, asthenia, etc. It injury or complication whi ANTECEDENT CO DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE OEATH,	DEATH ode of dying, e.g., means the disease, ch caused death.) AUSES (S, IF ANY, GIVING (A) STATING THE OU N LAST.	A)	of DEATH	voli C-V-Rossa	ONSET AND DEATH
L	19A. DATE OF OPERATION	198. MAJOR FINDIN	IGS OF OPERA	TION		20, AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF I				y, give exact location)
M	21D. TIME (Month) (Day) (YOF INJURY	ear) (Hour) 21E. INJ m. White at work	URY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
	22. I hereby certify that I deceased of the on from?	attended the decease	t death occurr	ed at 1/:/5 Pm., fr		\$\iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
24	Mas . 6 -	24C. NAI	M. D.		R RA 40, LOGATION (City, to	6/12/52
1	on Removal (Specify)	47 - 4	odlaw.		Daltur	one ma
	ATE RECEIVED BY REGISTRA	ar's SIGNATURE	160	Sidni W.	Seity 8/4/M	3 L S.
	VS 150	Ŏ.			1	131a

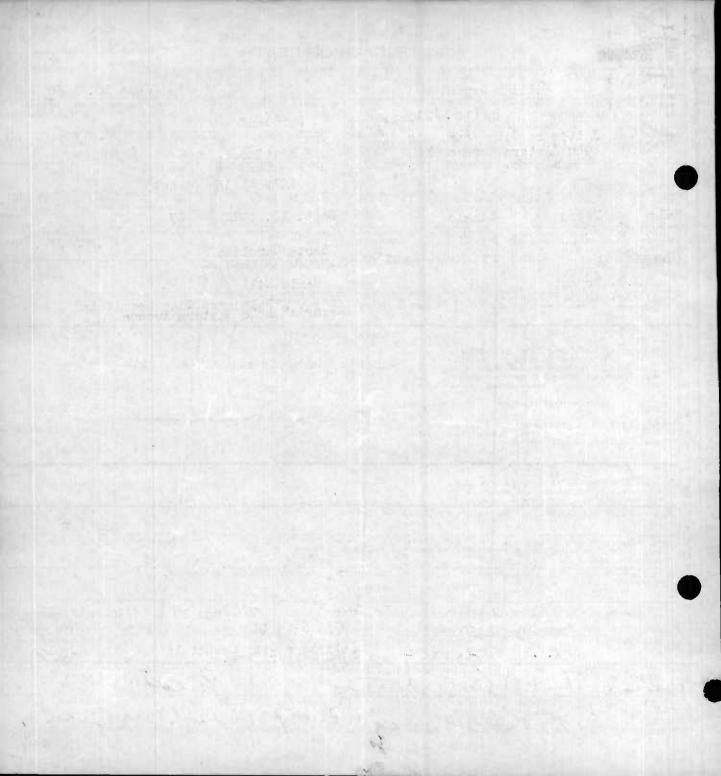
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age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

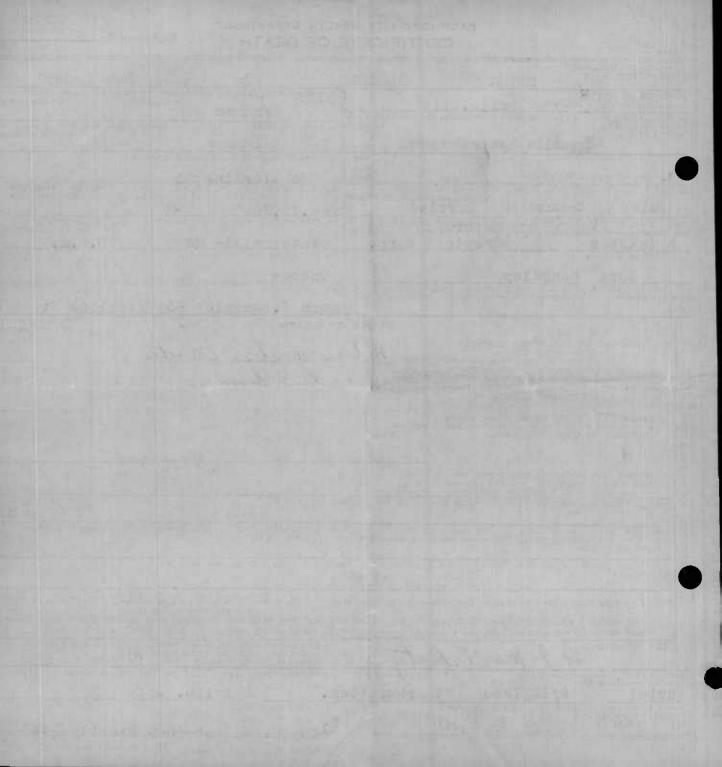
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BIRTH NO.	40			E OF DEATH		
				1000	2. DATE	
		am Brya	nt	11		
			A. STATE	B. COUNTY	before admission)	
B FULL NAME OF (If not in hospital or institution, give street address or					TOTAL TOTAL A	
	4940 Easter	n Avenu	brears		outside corporate limits,	township)
31	1710 -25001	11 214 0110				
			10 Yrs. Mos.	1227 Ettin		
Male		7. SINGLE WIDOW Singl	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 18, 1922	9. AGE (In years f Un last birthday) Mont	del I Year II Under 24 Hours hs Days Hours Min.
	CUPATION (Give kind of		OF BUSINESS OR	II. BIRTHPLACE (State or f		2. CITIZEN OF
		3)	INDUSTRY		U	SVHAT COUNTRY?
13. FATHER'S	VAME	2713	Lie remily		AME	
R.G.	. Bryant			Mamie Hill		
15. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16, SOCIAL SECURITY NO.		re City Hospita	DRESS 218
DISEASE OR CONDITION DIRECTLY LEADING TO BOTH (This does not mean the modes, dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
19A. DATE C	OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIE LYING O CAUSE OF	R CONTRIBUTING				If in Baltimore City, giv	re exact location)
21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
OF INJURY		m.				
22. I hereb	ou certify that I at	ended the		ne 3 . 19 50 to Ju	ne 10 . 1950.	that I last saw the
	TURE	les	B	altimore City Hos	pitals	23c. DATE SIGNED 6-10-50
	CREMA- 248. DATE	- 4	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L		
Bura	1 10-13	150	arbute	is	1300M)	my
	RAR REGISTRAR	SIGNATU	JRE	They by	lson 1000 K	2 contr
VS 150		Ó	4206	6	13	1B and
	I. NAME OF DE (Type or Print) 3. PLACE OF DE A. Baltimore OF DE FULL NAME HOSPITAL OR INSTITUTION Length of S. SEX Male 10A. USUAL OCORN done during most Chauful of Sex Male 113. FATHER'S IN THE SEX MALE 114. CHAUSE OF INJURY 115. WAS DECEAS YES, no Promission of Chauful or Injury or Inju	I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit HOSPITAL OR BALTIMORE INSTITUTION HOSPITAL OR INSTITUTIO	I. NAME OF DECEASED (Type or Print) S. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City, Maryland Baltimore City, Mospital or institut HOSPITAL OR HOSP	I. NAME OF DECEASED (Type or Print) William Bryant A. Baltimore City, Maryland Belto.City B. FULL NAME OF City Mospital or institution, give street address or condition of the past of	I. NAME OF DECEASED (Type or Print) S. PLACE OF DEATH: A. Baltimore City, Maryland Balto.City B. FULL NAME OF Lift not in hospital or institution, give street address or HOSPITAL OR Light of Eastern Avenue Baltimore City Hospitals Jocation 1940 Fastern Avenue 10 Yrs. Yrs. Length of stay in Baltimore S. SEX C. COLOR OR RACE S. SEX C. COLOR OR RACE S. SEX S. OLOR OR RACE S. SEX C. COLOR OR RACE S. SEX C. COLOR OR RACE S. SEX S. OLOR OR RACE S. SEX C. COLOR OR RACE S. SEX C. COLOR OR RACE S. SEX S. Description I. S. Description S. Description I. S. De	I. NAME OF DECEASED (Type or Print) S. PLACE OF DEATH (Type or Print) B. Baltimore (City, Maryland Baltimore (City Mospitals or institution, provided address or Male of Stay in Baltimore (City Mospitals Incation) Length of stay in Baltimore Length of stay in Baltimore 10 Yrs, Yrs, Mos. Length of stay in Baltimore S. SEX S. COLOR on RACE 7. SINGLE MARRIED (Specify) Negro Negro No. Single (Type Stay) S. SEX S. COLOR on RACE 7. SINGLE MARRIED (Specify) S. SEX



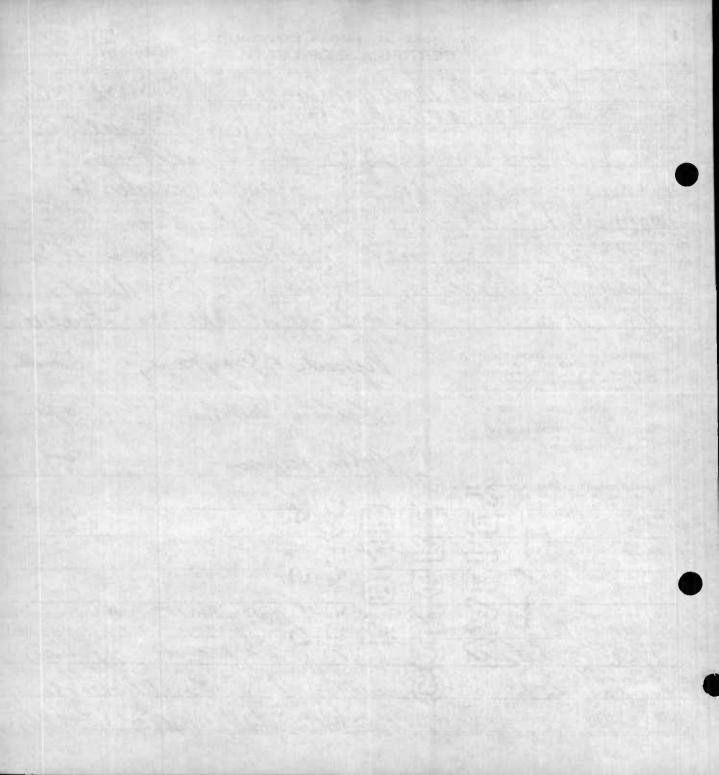
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (Il outside corporate limits, write RURAL and give INSTITUTION township) Mos. D. STREET ADDRESS (If rural, give lycation) c. Length of stay in Baltimore Days 9. AGE (In years | I Under I Year | H Under 24 Hours | Months Days | Hours | Min. 6. COLOR DR RACE 7. SINGLE SINGLE MARRIED. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY rone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRE (Yes, no or unknown) INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease. DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION Un 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! AT WORK 19.37 to See 100, 1968, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Men 1950, and that death occurred at m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL CREMA-TION REMOVAL (Speciff) 24C. MAME OF CEMETERY 24B. DATE MANA 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150



50 5230 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 50-11462 BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH JUNE 12 1950 S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits) write RURAL and give INSTITUTION township) 140501721 more D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days If Under 24 Hours 5. SEX 6. COLOR OR RACE 9. AGE (In years) If Under 1 Year 7. SINGLE, MARRIED, 8. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) TIZEN OF 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12 work dooe during most of working life, even if retired) WHAT COUNTR INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes. no or ookoowo) (If yes, give war or dates of service) SECURITY NO. causes INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Partial Premeters Soporation & placenta OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from 9 , 190, to June 12 19 So that I last saw the deceased alive on 12, 19, 10, and that death occurred at 10 a_m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE Women of hid. D. Spences, 79.0. Hosp. 24C. NAME OF CEMETERY, OR CHEMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL CREMA-ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR

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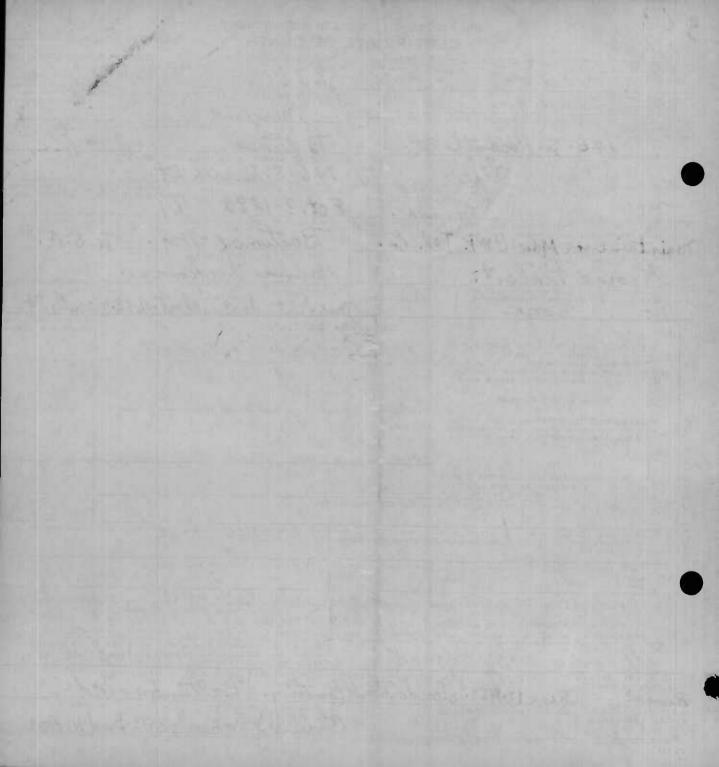
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BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO.		CERTIFICAT	E OF DEATH	Registere	d No	
1.	NAME OF DECEASED ype or Print)	FLO	PRENCE L	AMPRELL	2. DATE OF DEATH	~ 41. 1950	
	PLACE OF DEATH:			4. USUAL RESIDENCE	Where deceased lived		
В.	Baltimore City, Maryland FULL NAME OF (If not in hos	pital or institu	ution, give street address or	MARYL	AND B. COUNTY	before admission	
HO	STITUTION 216 OAK	DALE	ROAD location)	C. CITY OR TOWN (mits, write RURAL and give	
c.	Length of stay in Baltimore		Yrs. Mos. Days	216 OAKD	frural, give location) ALE ROAL	4	
F	SEX 6. COLOR OR RACE	WIDO	LE. MARRIED. WED, DIVORCED (Specify)	MARCH 28, 186	9. AGE (In years last birthday)	if Under 1 Your It Under 24 Hours Min.	
work	A. USUAL OCCUPATION (Give kindone during most of working life, even if retire the state of the s	lof 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	WILLIAM MO	LLER		SUSAN BI	-ACKMAN		
15 (Yes	. WAS DECEASED EVER IN U. S. ARI	IED FORCES?	16. SOCIAL SECURITY NO.	H. GUY CAMPB	ELL. TOW	SON, MD	
	18. 450.0		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
CATION	ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE O UNDERLYING CONDITION	. IF ANY, GIV	ING THE DUE TO	alu -	elevoi	15yu.	
ERTIFI	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, B	JT NOT RELA	TED				
AL C	19A. DATE OF OPERATION		R FINDINGS OF OPER	RATION		20. AUTOPSY?	
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,		(If in Baltimore Cit	y, give exact location)	
Ď	2ID. TIME (Month) (Day) (Year) (Hour) 2IE. INJURY OCCURRED 2IF. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from 1930 to 1930 to 1, 1950, that I last saw the deceased alive on 10, 1950, and that death occurred at 12 30 Am., from the causes and on the date stated above						
	234 SIGNATURE The William M. D. 1725 Rustent Rt. 1230. DATE SIGNE						
TIC	BURIAL, CREMA- DN, REMOVAL (Specify)	3,1950	PROSPECT H		LOCATION (City, to	wn, (y county) (State)	
DA		R'S SIGNAT		25. FUNERAL DIRECTOR	SONS T	ADDRESS	

A Page

Registered No. CERTIFICATE OF DEATH 2. DATE NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give HOSPITAL OR INSTITUTION 146. S. Kosseth St. (If rural give location) Yrs. Mos. Length of stay in Baltimore Days GLE. MARRIED 9. AGE (in years) # Under 1 Year | # Under 24 Hours last birthday) | Months: Days | Hours | Min. 5. SEX 6. COLOR OR RACE DOWED, DIVORCED (Specify) Married 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of) INDUSTRY work done during most of working life, even if retired) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yee, no or unknown) 145. Kossu no CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT WORK dy thereon and from 22. I certify that I took charge of the remains described above, held an _ Autopsy, Laspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes & accident , suicide , homicide , undetermined . 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER 240. LOCATION (City, town, or county) NAME OF CEMETERY 24A. BURIAL. CREMA-TION, REMOVAL (Specify DATE RECEIVED BY LOCAL REGISTRAR VS 151



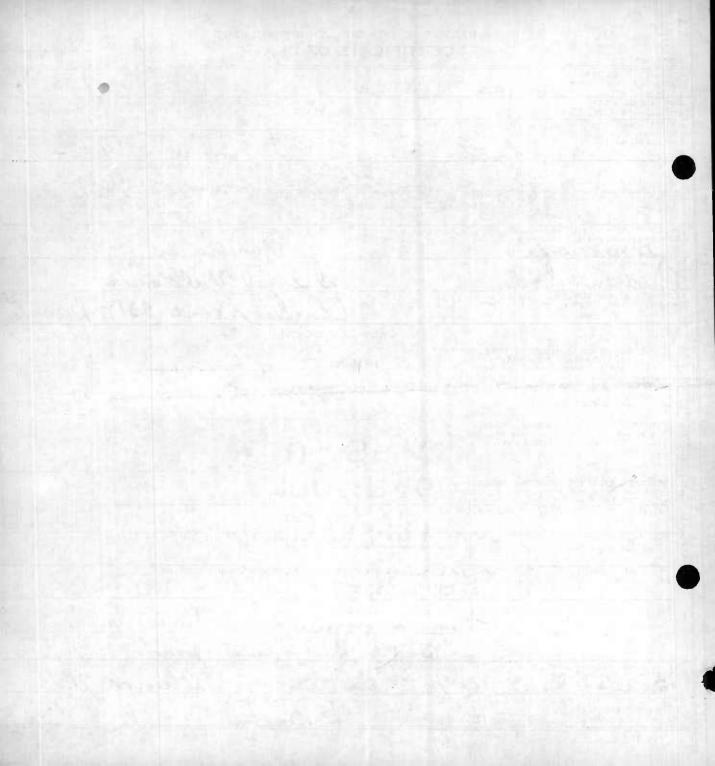
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5222

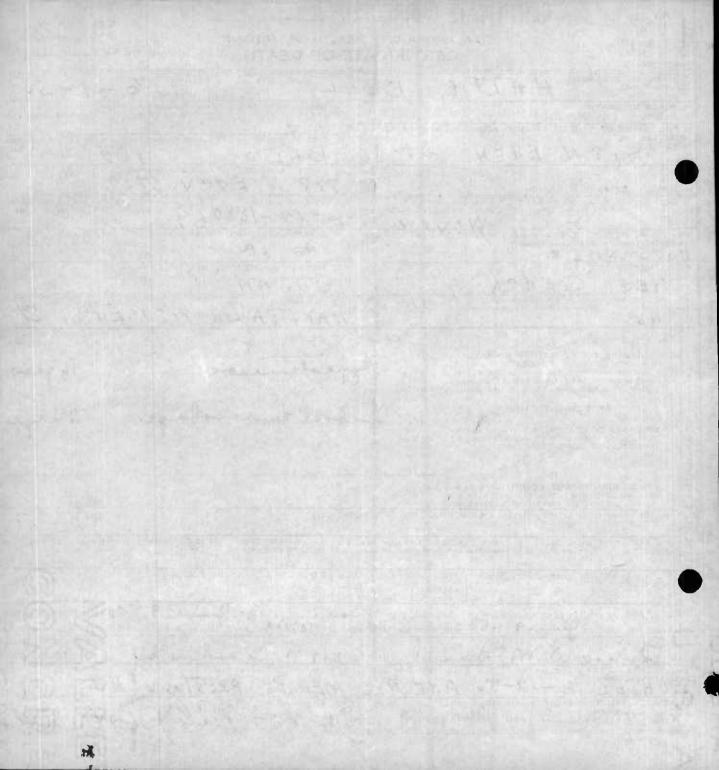
В	IRTH NO.	LICITI TOATI	L OI BEATH		3/-00
	NAME OF DECEASED Type or Print) THOMAS, P	LYRTLE	V ·	2. DATE OF DEATH	11/50
	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, I	f institution ; residence before admission]
B.	. FULL NAME OF (If not in hospital or institution		md.		
	NSTITUTION '	location)	C. CITY OR TOWN	(If outside corporate lim	ts, write RURAL and give
1	Trovident		Dallen	see 1	1-0
	30	Yrs.	D. STREET ADDRESS (If rural, give location)	Comp
	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE	Days	8, DATE OF BIRTH	9. AGE (In years)	II Under 1 Yeer II Under 24 Hours
	F negro WIDOWEL	D, DIVORCED (Specify)	_	last birthday) M	onths Days Hours Min.
wor	k done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME		14. NOTHER'S MAIDEN	NAME	
	andrem Hell		Weeker T	Dilliam	6
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	FORM NT)	ADDRESS S
)		SECORITI NO.	Charlie A	evil 531	W. Laure
	18. 581,0	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	(A) CIRR	HOSIS of L	IVER	***************************************
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO			
	ANTECEDENT CAUSES	100			
Z	DISTANCES OF COMPLETIONS	(B)	***************************************		
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	OUE TO			
RTIFICA	UNDERLYING CONDITION LAST.	1	D 1 A.		
E	11	(c)()	Kydratio	~	
ERT	OTHER SIGNIFICANT CONDITIONS CON-				
C	TO THE DISEASE OR CONDITION CAUSING IT.	******************************			
1	19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	RATION		20, AUTOPSY?
CA	21A. ACCIDENT, SUICIDE, 21B. PLACE	E OF INJURY (e.g., in	n or 21c. WHERE DID	(If in Baltimore City,	give exact location)
EDIC	HOMICIDE (Specify) about home, farm	a, factory, street, office bldg., e			
5	21D. TIME (Month) (Day) (Year) (Hour) 21	E. INJURY OCCURRI	ED 21F, HOW DID INJU	RY OCCUR?	
	OF INJURY	LE AT NOT WHILE			
		ORK AT WORK	111	ch.	en
	22. I hereby certify that I attended the de		1950to		Othat I last saw th
	deceased alive on 6/11, 1950, an		red at 10 A m., from	the causes and on	1 23c. DATE SIGNED
	John H. Holes	III M. O.	Provident	Hosp.	6/11/50
2	4A. BURIAL, CREMA- 24B. DATE 24	C. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town	n, or county) (State)
11	Bural Israe 14/57	not (en	burne 1	Sattemos	e Md.
D	ATE RECEIVED BY REGISTRAR'S SANATURE		25. FUNERAL DIRECTOR	?	ADDRESS
	SUN 6 2 1950 to the William	may Hill	1º 12 100 (20)	14	63/ Care 9

VS 150

1463 Cango



50 5234 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE HATTIF (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR JOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (in years It Under I Year las birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? AL VA. HOUSEWILE. 14. MOTHER'S MAIDEN NAMES 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL AVLOR 718 N. EGRN (Yes, no or puknown) (If yes, give war or dates of service) SECURITY NO. Yo. INTERVAL BETWEEN 18. 33/X CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WORK AT WORK 1960 that I last saw the 195 0. to 22. I hereby certify that I attended the deceased from_ deceased alive on 1900 ; and that death Securred at 10:50 Km., from the causes and on the date stated above. 23c. DATE SIGNED 23A SIGNATURE 6-YD-50 24A. BURIAL. CREMA-HON. REMOVAL (Specify) 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR ARBUTUS. MO ADDRESS DATE RECEIVED BY VS 150



BALTIMORE CITY HEALTH DEPARTMENT

50 5235

ВІ	RTH NO.		CERTI	FICAT	E OF DEATH	Regist	ered No		
	NAME OF DECEASED SAM	WEL	II	PHI	Lhips	2. DATE OF DEATH	6-12	- 50	
	PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENC	E (Where deceased I		on : residence efore admission)	
HC	FULL NAME OF (If not in hospic properties of the	tal or institu	eld	eet address or location)	c. CITTOR TOWN	(If outside corpora	te limits, write I	CORAL and give	
	Length of stay in Baltimore	0	62	Yrs. Mos- Days	2204	ooksel	eld C	coe	
3.	sex 6.COLOR OF RACE	WIDO	E. MARRIEI WED, DIVOR	CED (Secify)	8. DATE OF BIRTH	9. A/E (In y	ear: H Under I Year My) Months Day	I If Under 24 Hours ys Hours Min.	
10 work	A. USUAL OCCUPATION (Give kind deno during most of working life, even if retired	10B. KIN	~ 4	NESS OR INDUSTRY	11, BIRTHPLACE (State	or foreign country)		IZEN OF AT COUNTRY?	
13	NOT Know				14. MOTHER'S MAUDE	NAME			
15 (Yes	. WAS DECEASED EVER IN U. S. ARM, no or mnknown) (If yes, give war or da	ED FORCES? tes of service)	16. SOCI	AL IRITY NO.	17. INFORMANT POLICE	Olika 77	ADDRESS	oxfold	
	18. 260 X			CAUSE	OF DEATH	Mar of	INTE	ERVAL BETWEEN	
TION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
CERTIFICA	UNDERLYING CONDITION II OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUT TO THE DEATH, BUT TO THE DISEASE OR CONDITION	D ITIONS CO	TED	gar	greve	de la	290		
AL	19A. DATE OF OPERATION	19B. MAJO	R FINDING	S OF OPER	ATON	U	20 YE	S No	
EDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF IN.			(If in Baltimore	City, give exac	t location)	
	21D. TIME (Month) (Day) (Yea OF INJURY	r) (Hour) m.	21E. INJUE	NOT WHILE AT WORK	ED 21F. HOW DID IN.	JURY OCCUR?	ø		
	22. I herely certify that I a	ttended the	e deceased	from 6	110 19 , to			I last saw the	
0	Pariside Alive of 10	2149	ma that	M. D.	red a JSH m., from 38. ADDRESS	mphe causes and		DATE/SIGNED	
	AL BURIAL CHEMA: 24B. DATE	50	Ineto		EVEL 24	AD. LOCATION Cit	y, town, or count	Md (State)	
D	ATE RECEIVED BY REGISTRA	R'S SIGNAT	WRE		25. FUNERAL DIRECT	OF	ADDRE	ess Po	

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. STATE before admission) A. Baltimore City, Maryland inne (trunde) B. FULL NAME OF (If not in hospital or institution, give street address or wide corporate limits, write RURAL and give HOSPITAL OR location) C. CITY OR TOW INSTITUTION (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX If Under 1 Year AGE (In years) last birthday) Months! Days Hours! Min. morried. 10A. USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF one during most of working life, even if retired) INDUSTR WHAT COUNTR WAS DECEASED EVER IN U. STARMED FORCES? 16. SOCIAL SECURITY NO. ADDRESS Sam INTERVAL BETWEEN DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT AT WORK 0. 195 Ahat I last saw the 22. I hereby certify that I attended the deceased from 6 19 5 and that death occurred at m., from the causes and on the date stated above. deceased alive on 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Melas 24C. NAME OF CEMETERY OR CREMATORY ION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE ADDRESS DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR VS 150

NOT A MEDICAL EXAMINER'S CASE

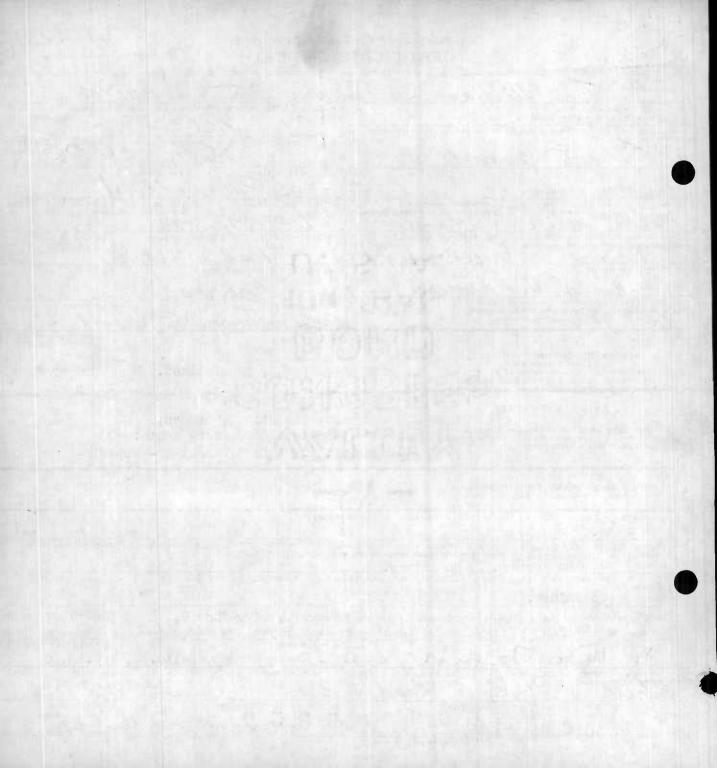
OF SOLUTION M.D.

CHIEF OR ASST. MEDICAL EXAMINER

50 5237 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No_ 1. NAME OF DECEASED 2. DATE (Type or Print) William VEN OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COLINTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1348 To Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore Carpurel 5. SEX 7. SINGLE MARRIED. (Specify) 6. COLDR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under I Year | If Under 24 Hours | last birthday) | Months: Days | Hours: Min. Wilowed 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SDCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerosis, generalized. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, 10 or more vears. injury or complication which caused death.) ANTECEDENT CAUSES Hemorrhage, intestinal, sudden: DISEASES OR CONDITIONS, IF ANY, GIVING DUE Toevere; undetermined before death. RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Gangerine, right foot, and leg - arterio-OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH No accident. No injury. 21p. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED No Injury. 22. I hereby certify that I attended the deceased from October 11, 1949 to June 9, 19 50 that I last saw the deceased alive on June 9. 1950, and that death occurred at 10:15pm., from the causes and on the date stated above. 23 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 11 E. Chase Street, Balto. 2. 24A. BURIAL, CREMA-24d NAME OF CEMETERY OF GREMATORY | 24D. LOCATION (City, town, or county) 24B, DATE 50 DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

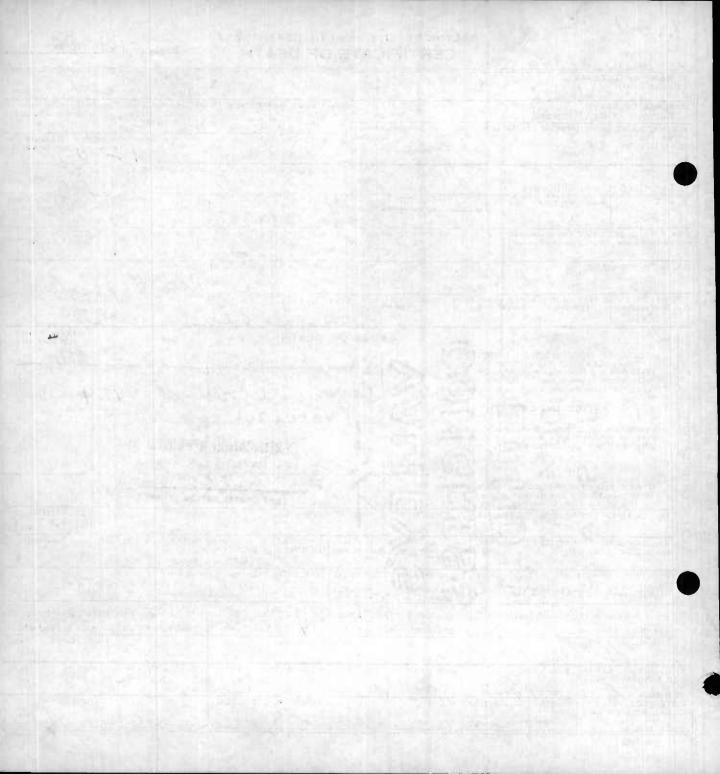
causes

important.



L	100			Response to the				
7	6		BAI		EALTH DEPARTMENT	50	5238	
B	RTH 5238	30-015	55	CERTIFICAT	E OF DEATH	Registered No)	
1. (7.	. NAME OF D Type or Print)	David	A.	HARE		2. DATE OF DEATH	0-50	
3 A	. PLACE OF D. Baltimore (EATH: City, Maryland	23.46		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	nstitution : residence before admission	
В	FULL NAME		ital or institut	ion, give street address o location	\	outside corporate limits,	welto DIIDAI and aim	
- 11	NSTITUTION	Union m	enoud	1	Baltenine	12	o 7 township	
egibly	T amouth of a	4 i D-14!		Yrs. Mos.	1 22115 h	rural, give location)	1. + 4,	
	. SEX	tay in Baltimore		Days E. MARKIED.	8. DATE OF BIRTH	9. AGE (In years)	nder 1 Year It Under 24 Hours	
ly and	m	W		LED, DIVORGED, (Specify	Jan 23 1950	last birthday) Mon	ths Days Hours Min.	
clearly	rk done during most o	CUPATION (Give kind of working life, even if retired	(10B. KINI	O OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (State or for	oreign country)	WHAT COUNTRY	
	3. FATHER'S	NAME /	UI		14. MOTHER'S MAIDEN NA	AME O DO ha O		
death	9	cond A	Han			Ella F. V	acales.	
O (Y	o, no or unknown)	ED EVER IN U. S. ARMI		16. SOCIAL SECURITY NO.	17. INFORMANT	A 240 d	DRESS	
causes	1000	- 11			OF DEATH	el 2/43 T	INTERVAL BETWEEN	
	18. 7 9 C	F OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH	
the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)							
write	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) DUE TO Cause (wildternment 795.)							
- 11								
please	DISEASES OR CONDITIONS, IF ANY, GIVING							
ag P	RISE TO T	HE ABOVE CAUSE (A) STATING T			ADDROVED DV		
Physicians: CERTIFICA	UNDERLYING CONDITION LAST.							
cial IFI	T 25 25 17	10		(C)	Dr. Davis	Gala		
ER		SIGNIFICANT CON			per:	M.D.		
를 비끄	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							
F. F.	19A. DATE C	of OPERATION 2	198, MAJOR	FINDINGS OF OPE	RATION		YES NO	
important.		INT, SUICIDE,	218. PL	ACE OF INJURY (e. g.,		f in Baltimore City, gi		
AED	HOMICIDE	(Specify)	- 24	farm, factory, street, office bldg.	,etc.) INJURY OCCUR?	Avenue		
iii N		(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJURY		do	
ally	June 10	, 1950 3:30	P.m.	WHILE AT NOT WHILL WORK		PR FIN		
especia	22. I hereb	y certify that I a	ttended the	deceased from [) . O. A., 19 , to_	, 19,	that I last saw th	
esp	deceased a		, 19,	and that death occu	irred at 4:10 m., From t			
200	23A, SIGNA	TURE /	- Ata	- 0	23B. ADDRESS	mones born	23C. DATE SIGNED	
- 8e	4A. BURIAL.	CREMA- 24B. DATE		246. NAME OF CEMET		OCATION (City, town,		
	ON REMOVAL		100	1 1 4.	B	1.0		
Te le	ATE RECEIVE	D BY REGISTRA	S SIGNATI	JRE	25. FUNERAL DIRECTOR	1000.	ADDRESS	
corre	OCAL REGIST	1950 Hunt	0 61	11. 00	P 2 P 1	All or	150 Platx	
=	JUI1 -			MANGE, ADE OF	your of soll	ments pe 36	lu lu	
11	3 F 72	00		Service av		2	100C	

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF DEATH June 2. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSFITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. p. STREET ADDRESS (If rural, give location) Mos. 10 c. Length of stay in Baltimore Davs 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under ! Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Jan 16, 1868 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF work dooe during most of working life, even If retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME col 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknowo) SECURITY NO. INTERVAL BETWEEN

CAUSE OF DEATH 561.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Tranquered bilateral Inquinal DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE-DUE TO

UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED (C)

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION Kefused Surgery

NO X 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour)

21F. HOW DID INJURY OCCUR? NOT WHILE!

. 1950, to Jone 9, 195 that I last saw the 22. I hereby certify that I attended the deceased from June 8 deceased alive on June V., 19 No. and that death occurred at 2 H.m., from the causes and on the date stated above. 23A. SIENATURE 23B. ADDRESS 23c. DATE SIGNED

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B, DATE TION, REMOVAL (Specify) 10-12-50

\$5. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1 2 195

VS 150

OF INJURY

write

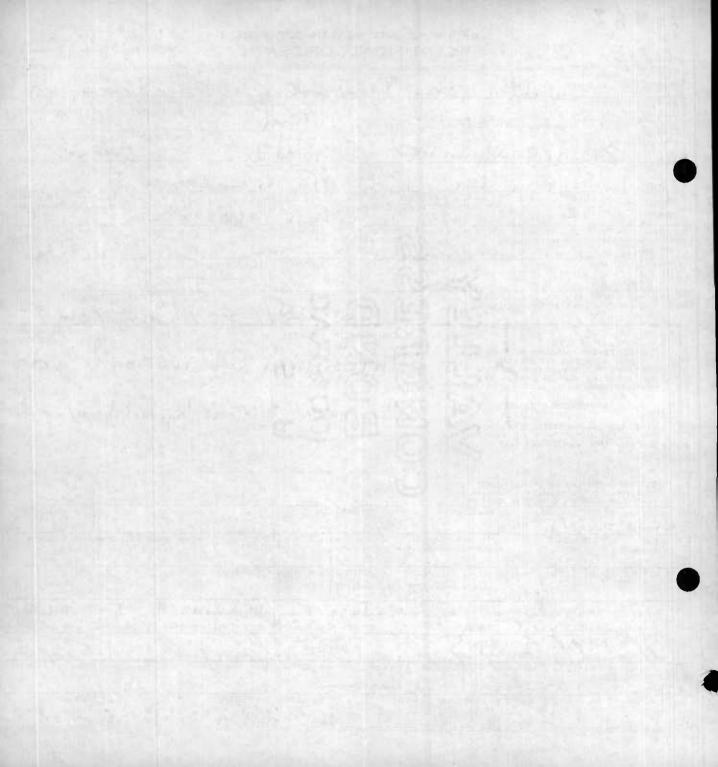
Physicians:

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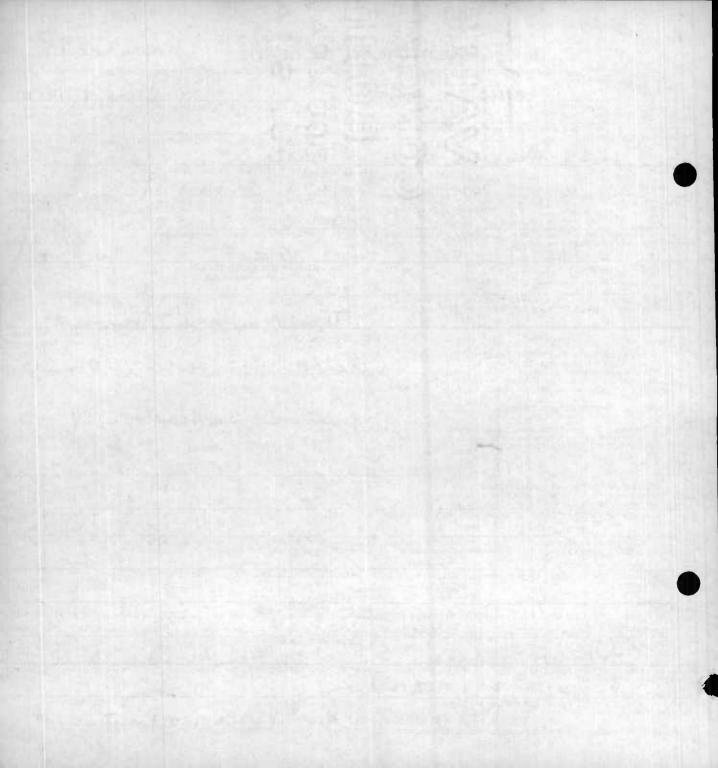
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20. AUTOPSY7



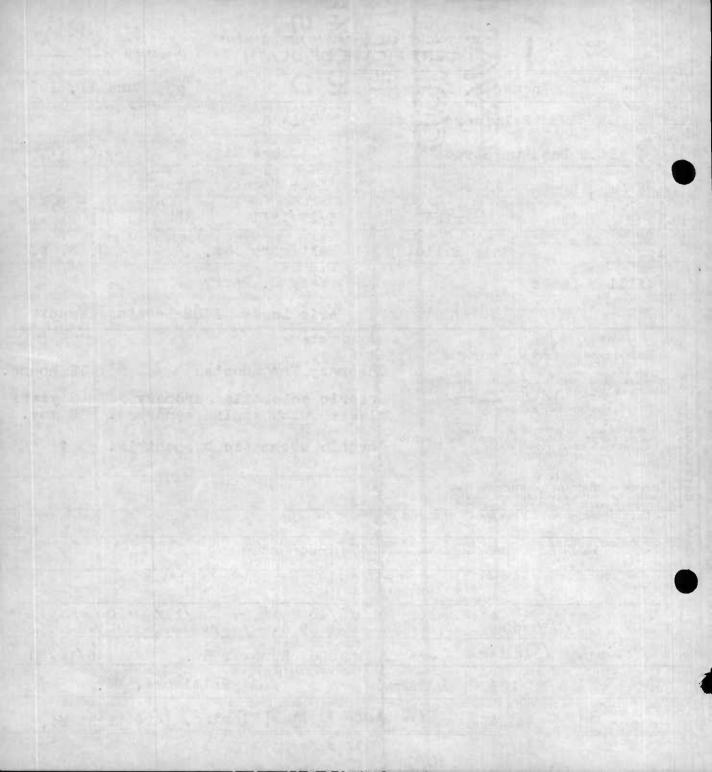
4-162 BALTIMORE CITY HEALTH DEPARTMENT Registered 5240 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH ens 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN alf outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore 7. SINGLE. MARRIED Days rewens 5. SEX 6. COLOR OR RACE If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. am 10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY House we 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 16330 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19 B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from 1920, to 5 - 1950, that I last saw the P.m., from the causes and on the date stated above. deceased alive on -9-1950, and that death occurred at 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 10-12-50 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tuetre ifort Villiams, Mil 2 10511 JUVS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5241 Registered No.

В	IRTH NO.			CERTIFICATI	E OF BEATTI				
	NAME OF D		mas M.	Loose		of Jun	e II, 1950		
Α.	Baltimore C	City, Maryland R	altimo	re City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission				
H	OSPITAL OR	1409 Decat		location)			ts, write RURAL and give		
C.	Length of st	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (If I409 Decatur				
	sex Male	6.COLOR OR RACE		E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH 6/27/1911	9. AGE (In years last birthday) M	th Under I Year on the Days Hours Min.		
		CUPATION (Give kind) f working life, even if retires	ship	D OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or for Baltimore Md		U WHAT COUNTRY		
13	Will:	lam Loose			14. MOTHER'S MAIDEN N. Mary E. Barr				
1! (Ye	5. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARM (If yes, give war nr da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	Marie Loose I	409 Decatú	ADDRESS IT Street		
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. COPONARY Thrombosis Arterio sclerotic coronary disease with angina syndrome. (B) CHOOLIE TO Chronic asthmatic bronchitis.								
AL C		F OPERATION		R FINDINGS OF OPER	RATION		20. AUTOPSY?		
MEDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i , farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE									
	22. I hereby deceased of 23A. SIGNAT	ive on 6/10/	ttended the 5019	. 2	/2/48 , 19 , to rred at 6 A · m., from t 238. ADDRESS 1226 Hanover	he eauses and on	the date stated above 23c. DATE SIGNED 6/12/50		
2 TI	4A. BURIAL, CON REMOVAL (S BUTIET	REMA- 24B. DATE (pecify) 6/13/	1950	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	ocation (City, town	n, or county) (State)		
0	ATE RECEIVE OCAL REGIST	D DV I DECLETE	210 010114	on Williams, Mo	25. FUNERAL DIRECTOR	ng, I426 I	ADDRESS		
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BALTIMORE CITY HEALTH DEPARTMENT

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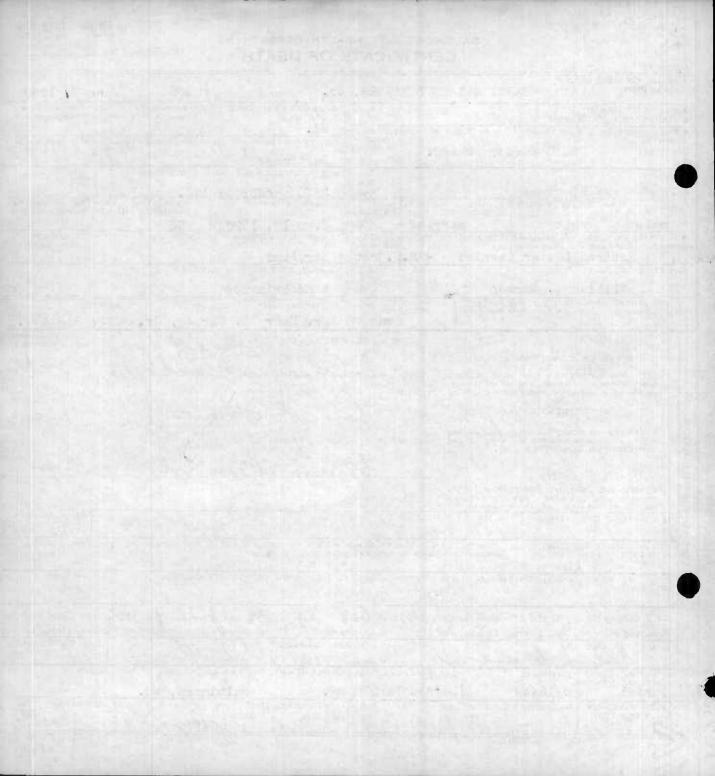
CERTIFICATE OF DEATH Registered No.									
	RTH NO.								
	NAME OF D		ARRY CUT	HBERT WARNER,	Sr.	2. DATE OF DEATH	June 9, 1950		
3. A.	PLACE OF D Baltimore (EATH: City, Maryland			A. STATE	(Where deceased live B. COUNT	ed. If institution: residence Y before admission)		
В.	FULL NAME		ital or institut	ion, give street address or location)					
IN	STITUTION	2870 Wo	odbrook		c, city or town Baltimore	(If outside corporate	limits, write RURAL and give		
				Yrs.	O. STREET ADDRESS	(If rural, give location	n)		
	I anoth of s	tay in Baltimore		Mos. Days	2870 Woodbroo				
	SEX	6. COLOR OR RAC	E 7. SINGL	E, MARRIED.	8. DATE OF BIRTH	9. AGE (In year	rs If Under 1 Year If Under 24 Hours		
			WIDOV	VED, DIVORCED (Specify		last birthday) Months Days Hours Min.		
10	male	White		Arri Od O OF BUSINESS OR	June 19. 1886		12. CITIZEN OF		
	done during most	of working life, even if retire	d)	INDUSTRY			WHAT COUNTRY		
10	Ket FATHER'S 1	ired Letter	Carries	- U.S.Govt	Maryland 14. MOTHER'S MAIDEN	NAME			
13		lliam C. Wa			Anna Primrose				
15		ED EVER IN U. S. ARM		16, SOCIAL	-	,	ADDRESS		
(Yes	, no or unknown)	(If yes, give war or de	tes of service)	SECURITY NO.	17. INFORMANT	THE T.			
	no			none	Mr. Harry C.	Warner, Jr.	3733 Elm Ave.		
	18. 42	0.1		CAUSE	OF DEATH Rea	ment.	ONSET AND DEATH		
	DISEA	SE OR CONDITION		0		1	341		
	(This doe	s not mean the mode	e of dying, e.	g., (A)	ronary O'	mon	1) 27 1474		
		ure, asthenia, etc. It m complication which			1.				
		ANTECEDENT CA	USES	1	V 24	- /	- 14.		
z				(B)	oring "	Cuerne	Tyens		
RTIFICATION		S OR CONDITIONS							
4	UNDERL	YING CONDITION	LAST.	,	1 - 1	11			
E				(6)	mone On	melet	2yn.		
E	OMILED	II SIGNIFICANT CON	DITIONS SO						
Ш	TRIBUTIN	G TO THE DEATH, BE	IT NOT RELAT	reo .					
U		OF OPERATION		R FINDINGS OF OPE	RATION		20. AUTOPSY?		
A		0					YES NO		
EDICA		ENT, SUICIDE.	218. PL	ACE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore C	City, give exact location)		
	HOMICIDE	(Specify)	about nome	, farm, factory, street, office bldg	11450K1 0000K1				
2	21D. TIME	(Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJ	URY OCCUR?			
	OF INJURY			WHILE AT NOT WHIL					
22. I hereby certify that I attended the deceased from Collection, 1946, to the question of the date stated of deceased alive on the state of the date stated of the deceased alive on the stated of the date stated of the da									
									6/12/50
								2	4A. BURIAL,
T1	ON REMOVAL (6/13/5	0	Loudon Park C	em. Bal	timore, Md.	0 3		
	ATE RECEIVE	ED BY REGISTRA	R'S SIGNAT		25. FUNERAL DIRECTO	pr /	ADDRESS		

correctige is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE KATHERINE M. SHOULTZ 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : desidence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN If outside corporate limits, write RURAL and give INSTITUTION umore Yrs. (If rural give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) AGE (In years | | Under | Year | | If Under 24 Hours | last birth day) | Months; Days | Hours | Min. 10A. USUAL OCCUPATION (Gif ckind of work done during the of working life, eye if retired) 11. BIRTHPLACE State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yether Quilingum) (If yes, give war or dates of service) 16 SOCIAL ADDRESS (Yeh no of unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 1 Despose shows Devercus important B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from Mar 14 Lhue Jour 7, 19 17, and that death occurred at 2/8 am., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATORE 23B. ADDRESS

24C. NAME OF CEMETERY OR CREMA

20. AUTOPSY NO L 19 de that I last saw the 23c. DATE STONED

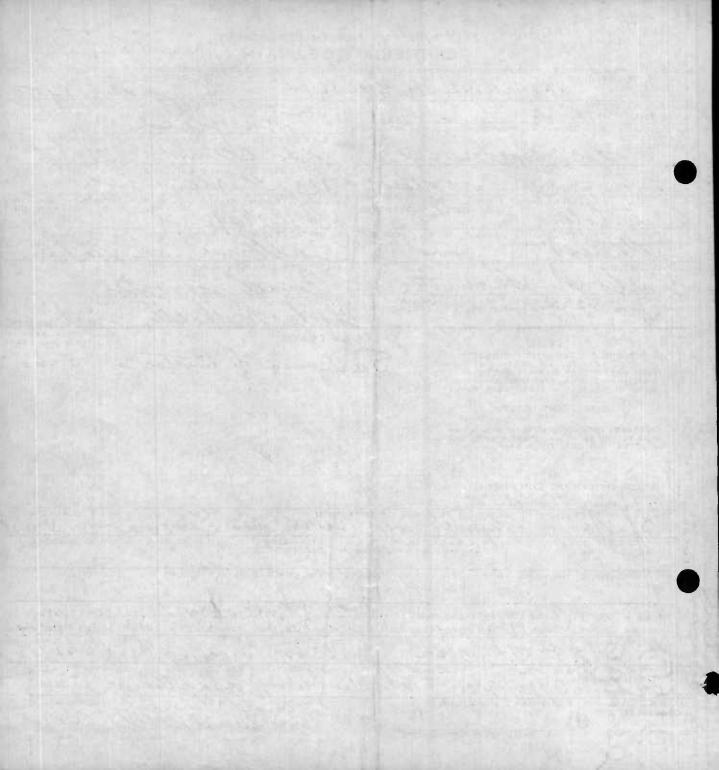
24A. BURIAL, CREMA-

TION, REMOVAL (Specify)

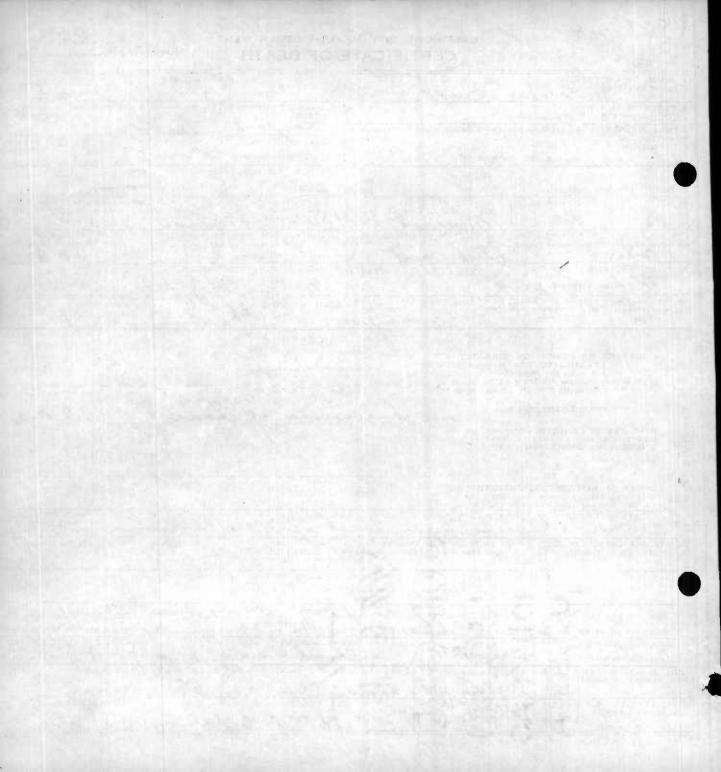
DATE RECEIVED BY LOCAL REGISTRAR 1 / 1000

24B. DATE

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50 5244 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) OF GEORGE SUPRIK DEATH 4. USUAL RESIDENCE (Where deceased lived. Winstitution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CLTY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) fourt ? Yrs. D. STREET ADDRESS (If gural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY USA 13. FATHER'S NAME 15. WAS DECEASED EVER IN WS. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no os unknown) SECURITY NO Pac land -09-222 INTERVAL BETWEEN 18. DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION local spread of carcinoma Extina 21A. ACCIDENT SUICIDE. HOMICIDE (Specify) 216. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR! 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from 29 may that I last saw the 1050 to 9 mm 1950 , and that death occurred at 127 = m., from the causes and on the date stated above. deceased alive on 7 23c. DATE SIGNED 23A SIGNATURE A ance 24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 13/50 25. FUNERAL DIRECTOR DATE RECEIVED BY VREGISTRAR'S SIGNATURE LOCAL REGISTRAR Lucius for / Music



BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE 6.12.50 (Type or Print) LEON IKAPPELLIAN DEATH 3. PLACE OF DEATH: 4, USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY. before admission) Marylan B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION CINA, HOSPITAL township' 15. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3704. Edgewood Rd c. Length of stay in Baltimore Days 5. SFX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) 7. SINGLE, MARRIED. If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIYORCED (Specify) 2.25.45 Mamed 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF Attorney At Law INDUSTRY WHAT COUNTRY? 11.513. V-8-17. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Morris Kappelman Mrs Ida Levinson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or ookoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or ookoown) SECURITY NO Mrs Irene I Kappelman 3704 Edgewood Road NTERVAL BETWEEN CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Mysearchal Infarction LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? , 1910, to 6.12. , 1950, that I last saw the 22. I hereby certify that I attended the deceased from 6. 12. deceased alive on 6. 12. 1950, and that death occurred at 1. 432 m., from the causes and on the date stated above. Sinai Hospital Baltimal 230. DATE SIGNED 6.12.50 23A, SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-June 13,1950 Arlington Cemetery Rogers Ave Baltimore Md REGISTRAR'S SIGNATURE ADDRESS // 24 DATE RECEIVED BY LOCAL REGISTRAR Thutterston Filler Cuson+Bws INI 1 2 1051

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE ALBERT SUTTON June 10. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore Johns Hopkins Hospital o. STREET ADDRESS (If rural, give location) Yrs. Mos. 2334 North Howard Street Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years | ff Under | 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single Oct. 27,1919 male colored 10A, USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Marvland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ethel Miller William L. Sutton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknuwn) SECURITY NO M's Lillian Sutton 2234 N. Howard 243-16-1084 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH SE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Aspiration of blood heart failure, asthenia, etc. It means the disease, OUE TO Intrapulmonary hemorrhage from injury or complication which eaused death.) ANTECEDENT CAUSES stenosis of bronchus FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) CERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT AT WORK WORK thereon and from autopsy 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses &, accident [], suicide [], homicide [], undetermined []. 23c. DATE SIGNED 238 CHIEF MEDICAL EXAMINER X 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER June 10. 1950 MEDICAL INVESTIGATOR ... 24c, NAME OF CEMETERY OR CREMATORY | 24o, LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Elizabeth City, N. C. Galilean Cem. 6-15-50 Burial /25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAN 378 Biddle 38

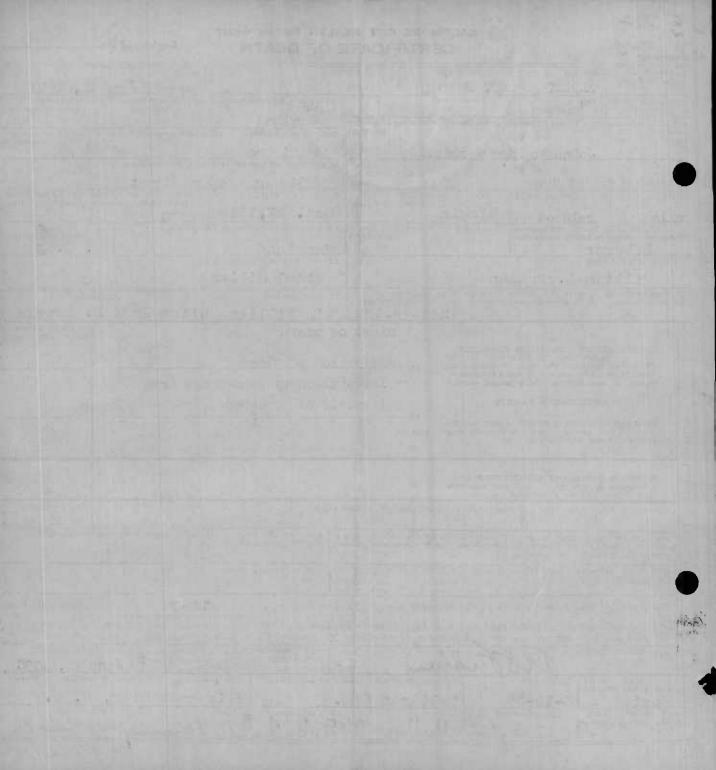
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25. FUNERAL DIRECTOR

G. Howard Strong 3207 W. North

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DATE RECEIVED BY

LOCAL REGISTRAR

REGIOTRAR'S SIGNATURE

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and a set them.

10	5248	3	BAL	TIMORE CITY	Y HE	ALTH DEPART	MENT		50	5248
				CERTIFIC	ATE	OF DEATH	Н	Register	ed No	
	NAME OF D	FCFACED								
	ype or Print)		ת זויים	TIOGY			71	2. DATE OF To	ma 10	1050
3.	PLACE OF D	FATH.	DON P.		11	4. USUAL RESIDE	NCE (Wh		me 10,	
A.	Baltimore (City, Maryland 10	20 S. C	linton St.		A. STATE Md.		B. COUNT		before admission)
	FULL NAME	OF (If not in hospi	tal or institut	ion, give street addi	ress or			4-11	91 14 14	
	STITUTION					C. CITY OR TOWN			limits, write	RUBAL and give township)
	(0)				37.		timore	Market Co.	10	
				Life	Yrs. Mos.	D. STREET ADDRE				
1	Length of s	tay in Baltimore	7 CINCLE	. MARRIED.	Days	8, DATE OF BIRTH		linton St	M Charles I I	
				ED, DIVORCED (S	Specify)			 AGE (In year last birthday) 	Months L	fear If Under 24 Hours Days Hours Min.
	ale	White		arried		Sept. 24, 1		38		
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS (11. BIRTHPLACE (S		eign country)	12. C	ITIZEN OF
1	Chauf		Gunthe:	r Brewing (300	Baltimere,				S.A.
13	FATHER'S	NAME				14. MOTHER'S MA	IDEN NA	ME	11591	/
		John J. Hock				Low	ige R.	Davis		V
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY	NO	17. INFORMANT	200 110	Daylo	ADDRES	SS
	no	no	,	216-10-230	92	Marie E. Ho	ck 10	20 5- 014	nton s	+_1
ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									ver
CERTIFIC	TRIBUTING TO THE D	II SIGNIFICANT COND 5 TO THE DEATH, BUT ISEASE DR CONDITION OF OPERATION	NOT RELATE	.D	OBERA	ATION				AUTOReva
AL	ISA. DATE C	OF ERATION O	ISB. MAJOR	FINDINGS OF	OFERA	TION				YES NO NO
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY arm, factory, street, offic				in Baltimore Ci		
	OF INJURY	(Month) (Day) (Year			WHILE WORK	D 21F. HOW DID	NAURY	OCCUR?		
	22. I horoh	y certify that I at	tended the	deceased from	BL	token 194	9to 6	-/0 1	950 tha	t I last saw the
	decensed a	live on www 3	1950	and that death	necura	red at 3001 m	from the	causes and	on the dat	e stated above
	23A. SIGNA		0			BB. ADDRESS	J rome one	June Country C		DATE SIGNED
		Hullen -	sel in	mo m.	D.	3426 Bran	h St			-12-50
2.	4A. BURIAL, ON, REMOVAL (S	CREMA 24B. DATE				Y OR CREMATORY	24D. LO	CATION (City, t	own, or cou	nty) (State)
TI	Burial	June 13	1950	Oak Lawn O	lomat	aver	7225	Egatem A	Tra. De	lto.co.Md.
DL	ATE RECEIVE	D BY REGISTRAR	S SIGNATL	RE		25. FUNERAL DIRI	ECTOR	S. Conkl	ADDI	RESS
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correcting is especially important. Physicians: please write the causes of death clearly and legibly.

420 XO 930 Letter in document file 50-5248 - 6/27/50 Elected July 12 . The same no.

BALTIMORE CITY HEALTH DEPARTMENT

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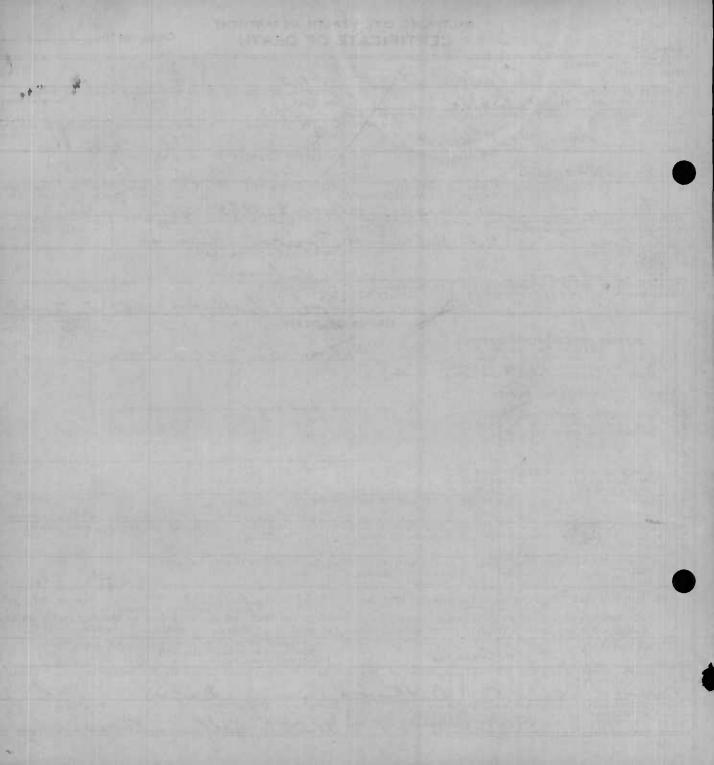
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits write RURAL and give c. CITY OR INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years last birthday) WIDOWED, DIVORCED (Specify Months Days Hours Min. 104. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR NOUST (MIND OF BUSINESS OR NOUST) (State or foreign 12. CITIZEN OF MIDLISTR WHAT COUNTRY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates offervice) 16 SOCIAL (Yes, no or unknown) SECURITY NO. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... ū 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 4, 1950, that I last saw the alout 1948 to 22. I hereby certify that I attended the deceased from_ 2-A.m., from The causes and on the date stated above. deceased alive on 19 Jo and that death occurred at. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED BURIAL, CREMA TION, REMOVAL (Specify Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE ACAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT Registered No BIRTH NO CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF ERNEST LOCK DEATH June 11, 1950 LOUCKS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION township) Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. . Length of stay in Baltimore 1635 Wolfe Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. male white SINGLE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY BELLWOOD SUBURAM CLUB CARPENTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNIE LOUCKS MILLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO GERALDINE VAUGHN 1635 NWOLF 079-10-6107 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY? NO X (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK L 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses E, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER June 12. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) LOUGAN VALLEY CEM KUKIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR S 151 089

5251 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Mos. Length of stay in Baltimore 10 Days 9. AGE (In years) 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Widowed 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY Electricin Returned 13. FATHER'S NAME 14. METHER'S MAIDEN NAME luknown Luknouer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A, DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide □, undetermined □. 238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR multivator Holliquits, 1 VS 151



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BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT

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	O Office	CERTIFICAT	E OF DEATH	Registered I	Vo0
0.000	IRTH NO.				
(7	NAME OF DECEASED Charles	Edwin	HAINES	2. DATE OF DEATH JUN	10-1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE		
В.	FULL NAME OF (If not in hospital or instit			1/AND	
	OSPITAL OR	location	C. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give
	2409 ARLIN	OTON	BALT	IMORE L	-1-00
		118.	D. STREET ADDRESS	If rural, give location)	
C.	Length of stay in Baltimore	Mos. Days	2409 ARI	INGTON A	Ive.
5	SEX 6. COLOR OR RACE 7. SING	LE, MARRIED, WED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years)	Under I Year Il Under 24 Hours onths Days Hours Min.
_/	110/0 11/11 7	ARRIED	Apr. 30-18;	79 71	
10	A. USUAL OCCUPATION (Givekind of 10B. KIN	D OF BUSINESS OR		r foreign country)	12. CITIZEN OF
WGI	ReTired R. P. (And 1)	INDUSTRY		To. Md.	WHAT COUNTRY
13	B. FATHER'S NAME	The Contract of the Contract o	14. MOTHER'S MAIDEN		
	Tal Having		Mana	Karin	
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL	I HRG ARCI	1)NIgh1	
(Ye	s, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	// · A	DDRESTILINGT
-			MRS. Lydia	HAINES-	-2409 en
	18. 491X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL		10		. 1
	LEADING TO DEATH (This does not mean the mode of dying, e	S. (A) Bra	refer me	uncuia	5 dans
	heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase,			
		,			
7	ANTECEDENT CAUSES				
ō	DISEASES OR CONDITIONS, IF ANY, GIV	(B)		*** **** **** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *	***************************************
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100	OTHER SIGNIFICANT CONDITIONS C				
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING				
	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPE	RATION		20. AUTOPSY?
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EDIC	21A. ACCIDENT, SUICIDE, 21B. P. HOMICIDE (Specify) about hom	LACE OF INJURY (e. g., e, farm, fectory, street, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
回					
3	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJU	JRY OCCUR?	
	OF INJURY	WHILE AT NOT WHILE			
	m.		F = 1050 (/ I A - P	.7 . 7 7
	22. I hereby certify that I attended th	c deceased from		6.10.5419	
			rred at 1 7 m., from	the causes and on t	he date stated above
	23A. SIGNATURE DO 60		WC AG NALL	121	23C. DATE SIGNED
_	4A. BURIAL, CREMA- 24B. DATE	M. D. 24c. NAME OF CEMET	FRY OR CREMATORY 345	LOCATION (City, town	or county) (State)
TI	4A. BURIAL, CREMA- 24B. DATE ON TEMOVAL (Specify)	Z4C, NAME OF CEMET	LINT OR CIVE MATOR 19 240	D (11
	Burial 6/13/50	MT.O	liveT	DALTO.	Md.
	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTO	11	ADDRESS / >
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Dr. Peake

BALTIMORE CITY HEALTH DEPARTMENT

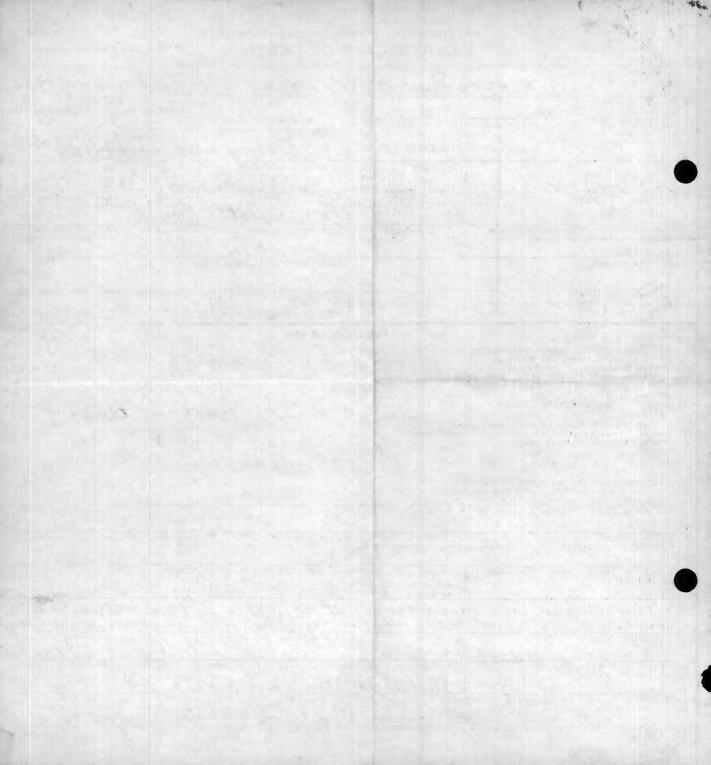
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Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MERCEDES RUISOTO OF ICALDE JUNE 10,1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write HIRAL and rive HOSPITAL OR C. CITY OR TOWN INSTITUTION S. CONKLING ST. ALTIMORE -(If rural, give location) Vrs CONKLING c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year It linder 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours; Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? OUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17, INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. OAQUIN MICALDE SAME INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., RONCHOPNEUMONIA 2 DAYS heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HRTERIOSCEEROSIS DENERALIZED DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. STEOMALACIA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT ___. 19 5 that I last saw the 22. I hereby certify that I attended the deceased from & 9 . 1950, and that death occurred at 1 3 Pm., from the causes and on the date stated above. deceased alive on___ 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A.) BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY CATION (City, town, or county) TION REMOVAL (Specify 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

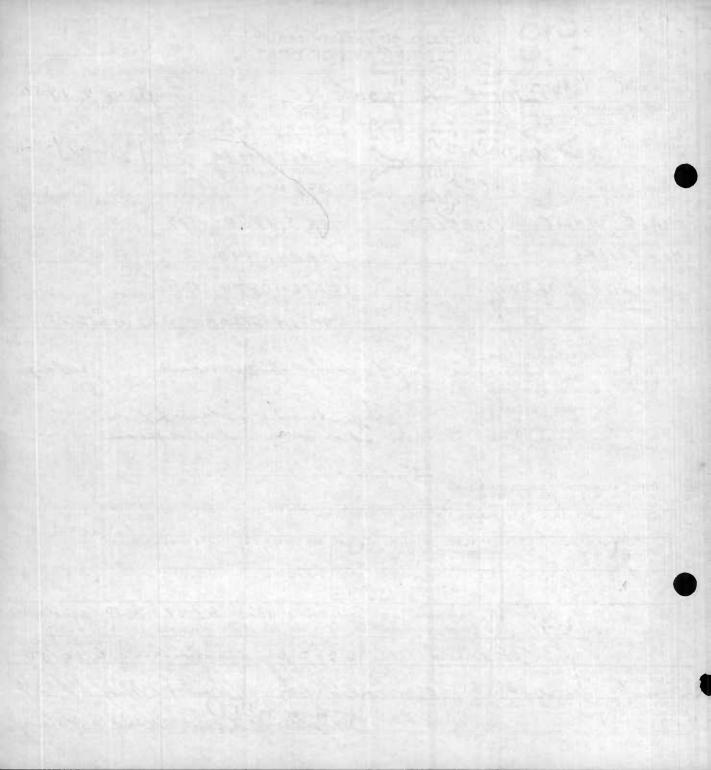
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LOCAL REGISTRAR

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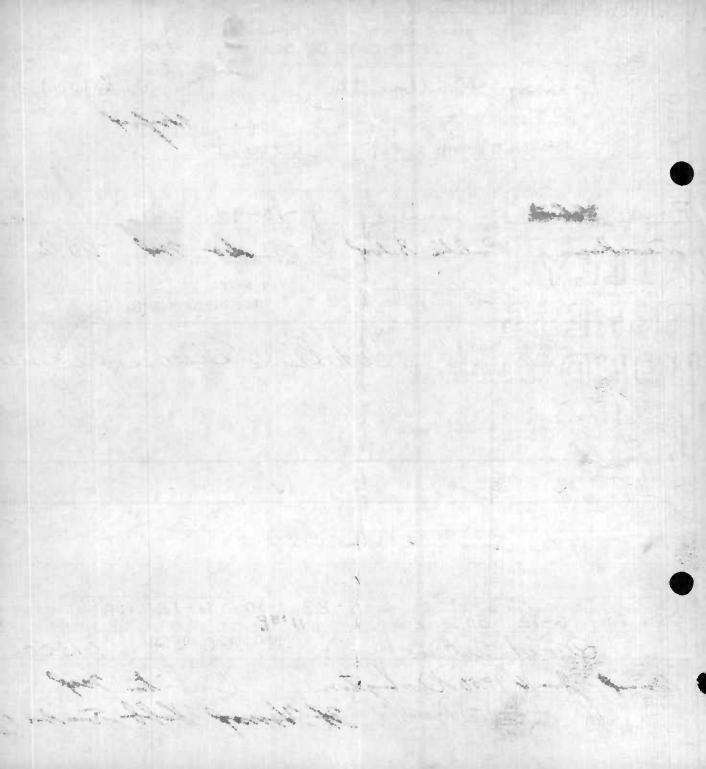
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В	RTH NO.			OLIVIII TOXII	OF BEATTI		
	NAME OF D		HIE	A. Loh	R.	2. DATE OF DEATH • To	NE 9, 1950
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE A. STATE	E (Where deceased lived. B. COUNTY	If institution: residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	MARYLAN		
	ISTITUTION	299 W.	3/27 57		C. CITY OR FOWN	15	nits, write RURAL and give township)
				Yrs.	D. STREET ADDRESS		
		stay in Baltimore	LIFE	Days	299 W 31	ST	
E,	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify) RIED.	HOV 5.187		It Under I Year It Under 24 Hours Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF
	HOUSEN			INDUSTRY	MARYLAN	10.	WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDE		. /
1.5		AH ALBI			ELIZADET	H BULL	U
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	-	-			BURTON E.L	OhR - 299 4	43/2 ST.
	18. HU	13 X	7	CAUSE	OF DEATH		INTERVAL BETWEEN
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	injury or	complication which	aused death	.) DUE TO			
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RTIFICA	UNDERL	YING CONDITION LA	AST.				
IL.		11		(C)			
监	OTHER !	SIGNIFICANT COND	ITIONS CO	N-			
CE		G TO THE DEATH, BUT			***************************************		
	-			FINDINGS OF OPER	ATION		20. AUTOPSY?
AL					State of the last		YES NO
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		EALTH DEPARTMENT	50	5955
В	CERTIFICAT	E OF DEATH	Registered No.	1600
	NAME OF DECEASED		2. DATE	/
(1	ype or Print) LOUISE JCAGL	IARINI	DEATH 6/11	50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (V	Where deceased lived, If insti	tution : residence before admission
В.	FULL NAME OF (If not in hospital or institution, give street address of	nd		
	OSPITAL OR LOCATION DE LOCATION	c. CITY OR TOWN (If	outside corporate limits, wr	rite RURAL and giv
10	A The case	Jackens	e 26-0	/
	Yrs. Mos.	37/3 -36	Bural, give location)	# 2/
5.	Length of stay in Baltimore Days SEX OCOLOR OR RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Under	1 Year Iff Under 24 Hours
	F WIDOWED, DIVORCED (Specify	3/30/70	last birthday) Months	
wnr	DA. USUAL OCCUPATION (Give kind of the business or the during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 12.	CITIZEN OF WHAT COUNTRY
1:	1700, our house	Staly	u	19.
(B. FATHER'S NAME	14. MOTHER'S MAIDEN N.	AME	
1	WAS DECEASED EVED IN IN A PART FOREST LAG GOOD	Juksetun		
(Xe	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
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	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	refral am	200. 1	
	(This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease,			
	injury or complication which caused death.) DUE TO			
7	ANTECEDENT CAUSES	cular Lebre	ele ken	
NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			***************************************
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CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
1	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
CAL				YES NO
EDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH		If in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	RED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		/	
	22. I hereby certify that attended the deceased from	6/5 1950 to	6/11 195011	nat I last saw th
	deceased alipe on, 1950, and that death occu	erred at 92 Am., from t	the causes and on the d	late stated above
		23B. ADDRESS	2 4 2 2:	3C. DATE SIGNED
11	Charles of death M.D.	Morysons	- Freed	6/11/50
TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify)	ERY OR CREMATORY 24D. L	OCATION (City, town, or e	ounty) (State)
2	ATE RECEIVED BY I REGISTRAR'S SIGNATURE	delice la	eco, he	DREEC
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-	2 1950 militagion / Mayer, Mill	Locale Vin	end (Home, 740)	Debu Ke
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CONTRACTOR SOUTH

6-16-80-41 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH C 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate hmits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year If Under 24 Hours last birthday) | Months: Days | Hours | Min. nannes 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTR work done during most of working life, even if retired) WHAT COUNT rockes 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph P. Dunnigan Rose Kerr 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS (Yee, no or unknown) JOHNS HOPKINS HOSPITEL SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 218. PLACE OF INJURY (e. g., In or (If in Baltimore City, give exact location) 2 IC. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE ! WORK 150, to 6-12, 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ 15 km., from the causes and on the date stated above. deceased alive on 6-12 1950, and that death occurred at 11 23B. ADDRESONNS HOPKINS HOSPITAL 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL. CREMA-24B. DATE TION DEMOVAL (Specify) DATE RECEIVED BY ADDRESS 25. FUNERAL LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location) Mos. -/Y. Length of stay in Baltimore Days 5. SEXT 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) If Under 1 Year WHOOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (If yes, give war or dates of service) (Yes, oo or onknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c, WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 19 to 5 . 19___, that I last saw the 22. I hereby certify that I attended the deceased from. __, and that death occurred at 12 deceased alive on 5 . 9 -5 49 _m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State) 24B. DATE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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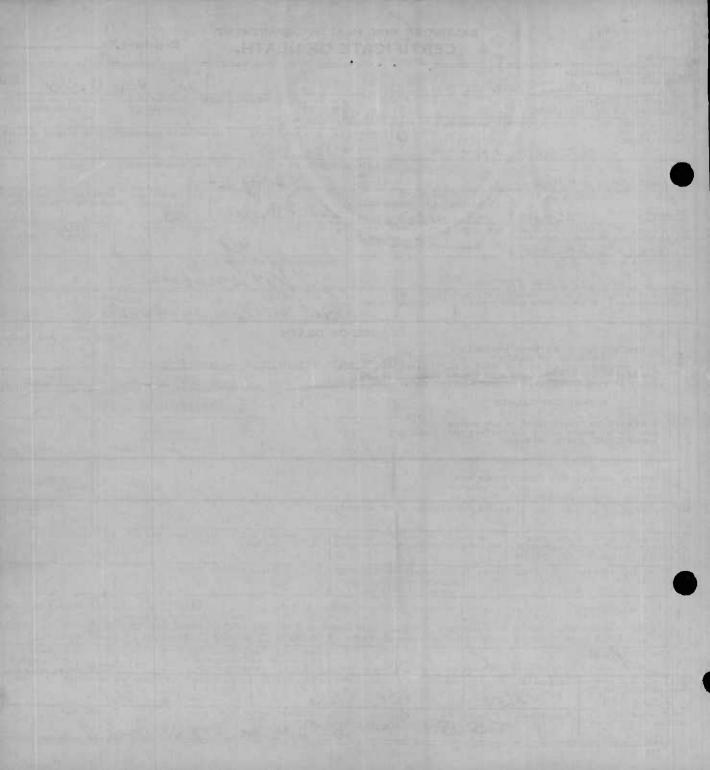
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AND CHIEF CHIEF TO LONG Carl to Automotive

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ROSALIE PASCORA June 11. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 1429 Johns Street Baltimore Yrs. O STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 1429 Johns Street Davs 5. SEX 6. COLOR OR RACE 7 SINGLE MARRIED 8. DATE OF BIRTH 9. AGE (In years It Under 1 Year It Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORGED (Specify) Single female white 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF 108, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Guhlowed 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Cerebral hemorrhage - pontine heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY U 198. MAJOR FINDINGS OF OPERATION 19A DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK autopsy thereon and from 22. I certify that I took charge of the remains described above, held an _ Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \(\), suicide \(\), homicide \(\), undetermined \(\). 238. CHIEF MEDICAL EXAMINER... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR . 240. LOCATION (City, town, or county) 248 DATE 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CHEMA-TION, REMOVAL (Specify) ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURI LOCAL REGISTRAR V S 151

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50-0618L 1. NAME OF DECEASED 2. DATE (Type or Print) INCENT OSCPI DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL, and give INSTITUTION township) o. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify 9. AGE (In years | Il Under) Year | Il Under 24 Hours | last birthday) | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME MAIDEN NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or wnknown) (If yes, give war or dates of service) SECURITY NO 10 INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT (If in Baltimore City, give exact location) 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! WHILE AT AT WORK 22. I hereby certify that I attended the deceased from 5-8 1960 _, 1950 that I last saw the 19 50, and that death occurred at 11: 20 Pm. from the causes and on the date stated above. deceased alive on b -// 23B. ADDRESS 23c. DATE SIGNED 23A SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 248 DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City town, or county) Buria & ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 974 3 1950 R 3

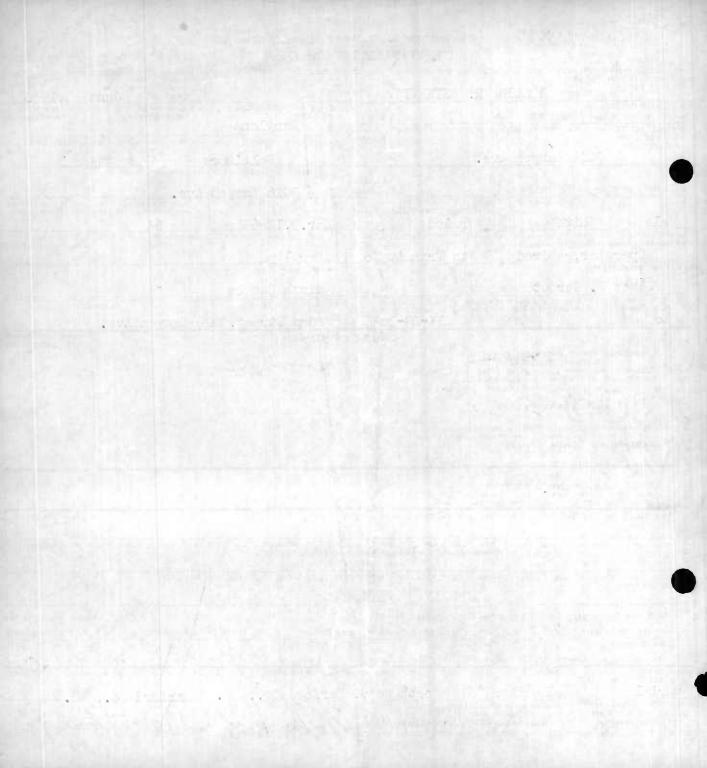
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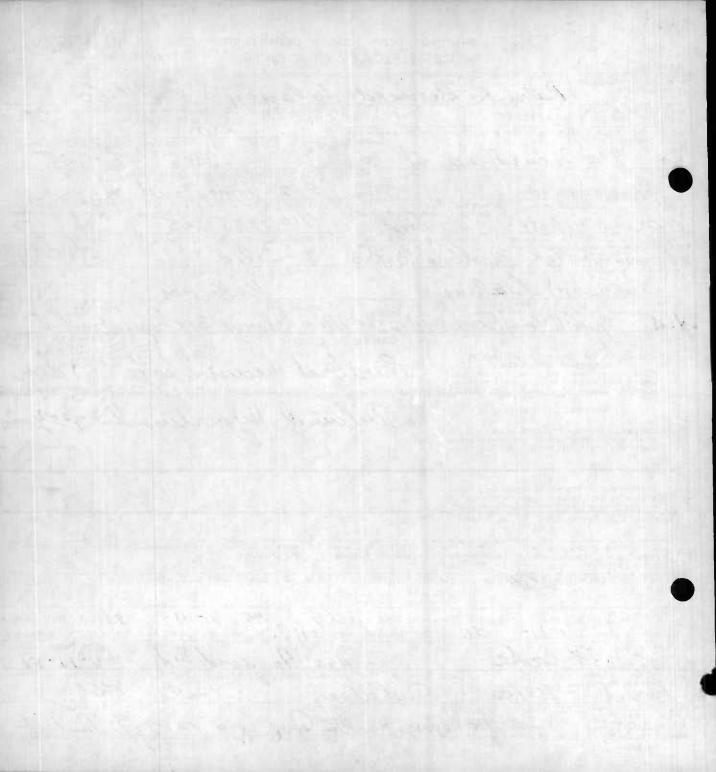
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	5	0 5261	ВА	ALTIMORE CITY H	EALTH DEPART	MENT	5	0 5281
В	IRTH NO.			CERTIFICAT	E OF DEAT	н	Registered N	0
	NAME OF C					2. [DATE	
<u> </u>	PLACE OF D		LLIN R.	STREET	II 4 HOUAL DEGIN		of EATH Ju	ne 10,1956
A.	Baltimore (City, Maryland			A. STATE		B. COUNTY	nstitution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (II not in ho	ospital or instit	ution, give street address or location)			e corporate limits	, write RURAL and give
0		3026 Kenyo	on Ave.		Bal	timore	26.	-03 township)
				Yrs. Mos.	D. STREET ADDRI	ESS (If rural,	give location)	
5.	SEX	tay in Baltimor		Days LE, MARRIED.	3026 K	envon Ave		Index I Vest L H thates 24 flavor
	Male	White	Man	WED, DIVORCED (Specify)	Mar. 3.1886	la		Inder I Year If Under 24 Hours ths Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give ki of working life, even if ret	ndofi 108 KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
12	Oper.	ator, retire	ed Balt	to Transit Co	Maryland			WHAT COUNTRY
13					14. MOTHER'S MA			
15		P. Street	MED FORCES?	16. SOCIAL	Sarah Sto	kes		
(Ye	No or onknown)	(If yes, give war or	dates of service)	SECURITY NO. 215-09-3623	17. INFORMANT	-+ 2006 7		DRESS
	10 =	1 1			OF DEATH	et, 3020 r	Kenyon Ave	INTERVAL BETWEEN
	DISEAS	E OR CONDITIO	N DIRECTLY		o. DEATH	11	/	ONSET AND DEATH
	(This does	not mean the mo	de of dving, e.	. g., (A)	eretral o	Hems	who	
	injury or	re, asthenia, etc. It complication which	means the disearch caused dear	ase, th.) DUE TO				
		ANTECEDENT C	AUSES					
ZO	DISEASES	OR CONDITION	S, IF ANY, GIV	(B)	***************************************	*************************	***************************************	
ATI	UNDERLY	HE ABOVE CAUSE ING CONDITION	(A) STATING T	THE DUE TO				
FIC				(C)	***************************************	***************************************	••••••••••••	
3TI	OTHER S	II IGNIFICANT CO	NDITIONS CO	ON.				
CERTIFICATION	TRIBUTING	TO THE DEATH, E	UT NOT RELAT	TED				
	19A. DATE O	F OPERATION O	198. MAJO	R FINDINGS OF OPER	RATION			20. AUTOPSY?
EDICAL	21. ACCID	CHT WAS MIDE	21a PI	ACE OF INJURY (e. g., i	n or 21c. WHERE D	UD (If in B	- Italian Cita	YES NO
(ED)		ENT WAS UNDER CONTRIBUTING DEATH		e, farm, factory, street, office bldg.,		R?	altimore City, gi	ve exact location)
	210. TIME (Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCC	UR?	
			m.	WHILE AT NOT WHILE AT WORK				
				e deceased from		_, to	, 19,	that I last saw the
	deceased al		, 19 \ \ \	and that death occur		, from the car	ises and on the	e date stated above.
	234. 31614	Thomas	1 10	when "	44	llum	1002	23C. DATE SIGNED
	A. BURIAL, C		E	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATI	ON (City, town, o	
	Burial	6/13/	50	North Bend.	Harford Co.	Md. H	arford Co.	Ma /
	TE RECEIVE		AR'S SIGNAT		0 / 4 4	ECTOR		ADDRESS A
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	VS 150	ush	way.	Million Mary Comment	19		8	13a

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) atrick Gernard DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give D. STREET ADDRESS Yrs. (If rural, give location) Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINOLE, MARRIED B. DATE OF BIRTH 9. AGE (in years if Under I Year if Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF fork done during most of working the oven if retired) WHAT COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME unmown (nku own WAS DECEASED EVER IN U. S. ARMED FORCES? IE. SOCIAL ADDRESS no or unknown) [(If yes, give war or dates of service) SECURITY NO 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. ū OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING □ about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 1945, to 6 - // - , 1952, that I last saw the 22. I hereby certify that I attended the deceased from. 1950, and that death occurred at_ deceased alive on 11 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or county) Junia DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

important.



5263 50 5263 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Charles Joseph DEATH June 11 1950 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or A. STATE B. COUNTY before admission) Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Lyion Memorial D. STREET ADDRESS (If rural, give location) Mos. 318 E. 20th St. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Male White Aug. 19, 1910 Salvatad 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dones frien non of rother life fon if retired) INDUSTRY WHAT COUNTRY Cacher Mzvyland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Dora Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of cervice) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. Donald Poblett (Brother in law 01-3243 Balto Md INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Wm19 LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Malignent hypertension DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Pneumonia TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, etreet, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT 22. I hereby certify that I attended the deccased from May 22 , 1950 to June II , 1950 that I last saw the deceased alive on June 11 1950, and that death occurred at 11 15 P. m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 24A. BURIAL, CREMA-24B, DATE TION REMOVAL (Specify) Buriak DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE . LOCAL REGISTRAR 1951 VS 150

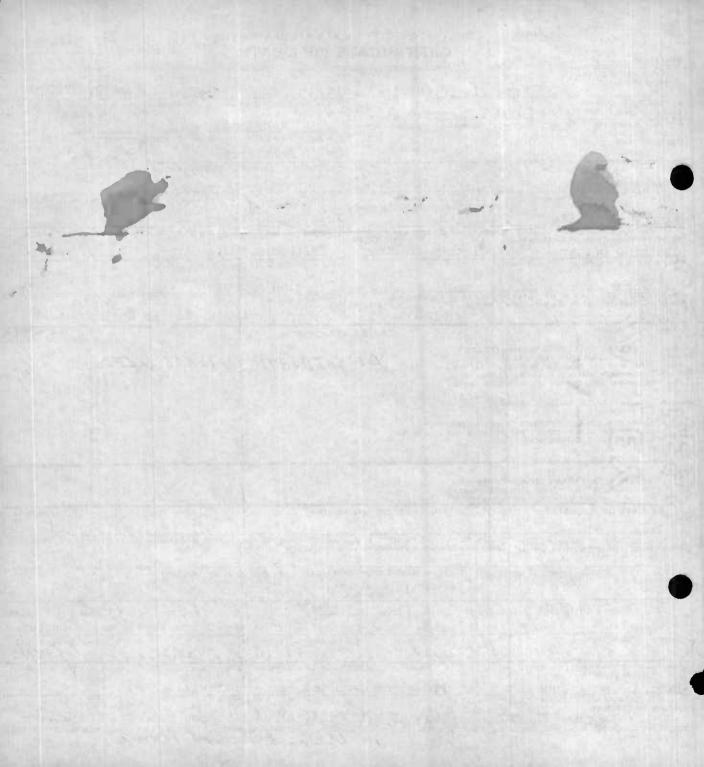
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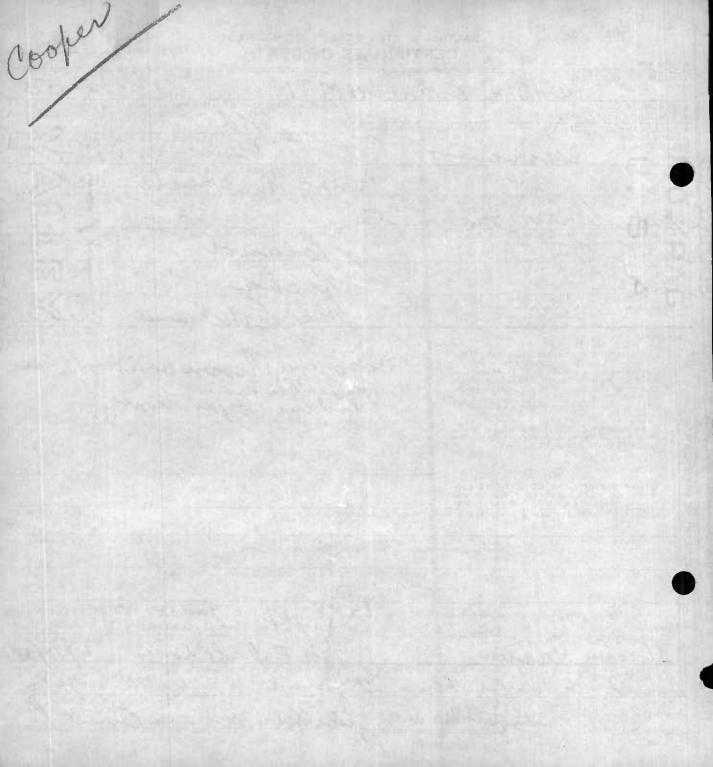
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5264 Registered No.

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	NAME OF Coppe or Print)		ndenia	(Frederick) Le	wh	2. DATE OF DEATH June	9 1950
3	PLACE OF E				4. USUAL RESIDENCE	(Where deccased lived, In	institution; residence
В.	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	cion, give street address or location)	Maryland		before admission)
	NSTITUTION			location)	C. CITY OR TOWN Baltimore	If outside corporate limi	ts, write RURAL and give township)
				Yrs.	D. STREET ADDRESS (If rural, give location)	1.
		stay in Baltimore	Lif	etime Mos. Days	1000 E. Lar	vale St	
5.	SEX	6. COLOR OR RACE	7. SINGL.	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In Veurs)	Il Under 1 Year Il Under 24 Hours onths Days Hours Min.
	le IIIIII oc	White CUPATION (Give kied of	Marri		July 28, 1897	52	
wor	k done during most	of working life, even if retired)		OF BUSINESS OR INDUSTRY			12. CITIZEN OF
	lothing FATHER'S		Clot	hing factory	Baltimore, Md.		U.S.A.
		-					
15	John WAS DECEAS	ED EVER IN U.S. ARME	FORCES?	16. SOCIAL	Minnie Leon		
(Ye	s, no or uoknowo) No	(If yes, give war or date	s of service)	SECURITY NO. 213-03-3528	Leonard Leyh 9		ing Road-6
	18. 3	-1. 1			OF DEATH	- · · · · · · · · · · · · · · · · · · ·	INTERVAL BETWEEN
7	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
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	injury or	re, asthenia, etc. It mea complication which o	ns the diseas	e.			1
		ANTECEDENT CAUS	ES				
Z	DISEASE	S OR CONDITIONS, II	FANY GIVIN	(B)		• • • • • • • • • • • • • • • • • • • •	
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O.		OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
AL		0					YES NO
MEDICAL	21A. ACCID LYING OF CAUSE OF	PENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
2	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID INJU	RY OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that Latt			1947 , 19 , to	6/9 ,19V	that I last saw the
	deccased a		, 19 50		rred at & Pm., from	the causes and on t	he date stated above.
	23A. SIGNA	Joseph &	Ble	und M.D. 2	38. ADDRESS	Calver &	23C. DATE SIGNED
24	A. BURIAL, ON, PEMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town	or count) (State)
	Burial	June 13	1950	Moreland Mem	norial Park Par	kville, Md.	
	ATE RECEIVE		SIGNATU	11./11.	25. FUNERAL DIRECTOR		ADDRESS
_	JUN 13	1950 1950	water !	HALLERUE M. M.	Ollifich/funeral	Home 2008 Orl	eans St.,
	VS 150		-	1161:50	Ullink From	nd Home	- 4-
				77606			82



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City. Maryland B. COUNTY B. FULL NAME OF (If not ip hospital or institution, give street address or HOSPITAL OR C. CITY OF (If outside corporate limits, write RIUSAL and give INSTITUTION Ulterrayos 42/ Yrs. D. STREET ADDRESS (L'rural, give lountion) nester c. Length of stay in Baltimore SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5 SEX 6. COLOBOR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under | Year | If Under 24 Hours | Industrial Min. # Under 24 Hours Moorre 70 10A. USUAL OCCUPATION (Give kind of work dyne during most of working life, even a retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? House wide 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. Tams INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY NO C 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE Gune 12 1950, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 1/0, 1950, and that death occurred at 420 m., from the causes and on the date stated above. 23c, DATE SIGNED 24C: NAME OF CEMETERY OR CREMATOR 24A) BURIAL, CREMA. 24B. DATE REMOVAL (Specify) Verreco ADDRESS DATE RECEIVED BY 5. FUNERAL DIRECTOR VS 150



VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5266

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF June 11 1950 William G.Bishop DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 1805 N. Smallwood St A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. T. ife Mag Length of stay in Baltimore 1805 N. Smallwood St Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OF RACE 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months: Days | Hours | Min. Jan 28 1881 White Married Male 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Inspector Penna R.R. Baltimore Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H.Bishop Julia C.Ritter 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Katherine M. Bishop 1805 N. Smallwood 20 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? nous 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from 19 . that I last saw the 7.30 A. from the causes and on the date stated above. keepe 11 195 And that death occurred at deceased alive or 23C DATE SUNED 24. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or county) Perryman Md June 14 1950 Spesutia REGISTRAR'S SIGNATURE 5. FUNERAL DIRECTOR ADDRESS multing love / 18th 1600 W. North Ave

1219 Sofelar Gerre

1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland

INSTITUTION

5. SEX

death

of

causes

the

Write

Physicians:

important.

especially

MALE

(Yes, no or nnknown)

18.

UNHALL

COOP

CERTIFICATE OF DEATH	Regist	tered No.
NICKERSON	2. DATE OF DEATH	6-11-50

ARTHUR	B. NIC	KERS	ON

7. SINGLE, MARRIED.

WIDOWED, DIVORCED (Specify)

MARRIED

INSURANCE

B. FULL NAME OF (If not in hospital or institution, give street address or INNON MEMORIAL HOSP

A. STATE

Yrs. Mos.

Davs

MARYLAND C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

3475 GUILFERD

AGG 10 1890

14. MOTHER'S MAIDEN NAME

CECELIA

TARYLAND

11. BIRTHPLACE (State or foreign country)

B. COUNTY

13865.

12. CITIZEN OF

work done during most of working life, even if retired) EXECUTIVE 13. FATHER'S NAME

Length of stay in Baltimore

6. COLOR OR RACE

NH176

FREDERICK NICKERSOIV

10a. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nuknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

DUE TO

DUE TO

(C)

INDUSTRY

LUNG

17. INFORMANT

CAUSE OF DEATH

WIFE ELAINE H. Nickerson Buil

STAPR

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED

DISEASE OR CONDITION DIRECTLY

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CARCINOTIO)

> about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

218. PLACE OF INJURY (e. g., in or

21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

OF INJURY

0-10-50

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21D. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from \$ - 22, 19 5, to 6 //, 19 50 that I last saw the m., from the causes and on the date stated above.

23A. SIGNATURE BURIAL, CREMA-REMOVAL (Specify)

SIGNATURE

deceased alive on 6- // 1950, and that death occurred at 4

238. ADDRESS

VS 150

DATE RECEIVED BY

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

(If outside corporate limits, write RURAL and give

TERRACE 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months Days | Hours Min.

> WHAT COUNTRY? USA

ADDRESS 3 43

ONSET AND DEATH

20. AUTOPSY YES

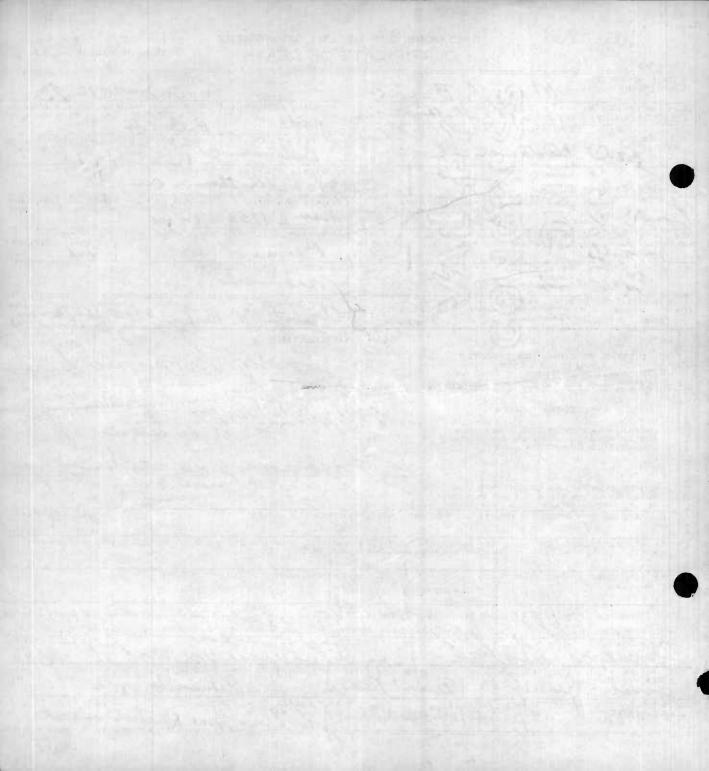
(If in Baltimore City, give exact location)

23c. DATE SIGNED

SANTON COLUMN TO THE PARTY OF T The Second Control of

BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.			CERTIFICAT	E OF DEATH	Registered	1 140.
(T	NAME OF D ype or Print)	Ma	ry A.	Becker		2. DATE OF DEATH	un 12.50
A.	PLACE OF D Baltimore (FULL NAME	City, Maryland 39	05 M		4. USUAL RESIDEN	B. C. Where deceased lived. B. COUNTY	If institution: residence before admission)
HOSPITAL OR INSTITUTION 905 Strattemore are					C. CITY OR TOWN		mits, write RURAL and give township)
C.	Length of s	tay in Baltimore	12 yr	Yrs. Mos. Days	3905 Att	(If rural, give location)	
F	sex	Muite	It is	E. MARRIED. ED, DIVORCED (Specify)	mar. 2 183	9. AGE (In years last birthday) 94 yu	Months Days Hours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	WAME Stun	w		14. MOTHER'S MAIL		
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	e of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Bechen 390	5 Strathmon
		O . / I SE OR CONDITION LEADING TO DEA	TH	CAUSE	OF BEATH	Thrombo	INTERVAL BETWEEN ONSET AND DEATH
	(This doe heart failt injury or	s not mean the mode ure, asthenia, etc. It mes complication which	of dying, e. 1 ins the diseas caused death	ie, DUE TO	A		gustan
NOIL	RISE TO	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A)	F ANY, GIVIN	NG (E)	yper en	arroyaler.	in 10 yrs
IFICA	UNDERL	YING CONDITION L	A51.	(c) m	your	delis-ch	nonic 5/2
CERT	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED //	1 Dec	ompensati	7
SAL	19a. DATE (OF OPERATION 1		FINDINGS OF OPER			20. AUTOPSY?
1EDIC	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLA about home, i	ACE OF INJURY (e. g., i farm,factory,street,office bldg.,	n or 21c. WHERE DIE		y, give exact location)
Ć	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		NJURY OCCUR?	
	deceased a	1/4	10 100)	and that death occur		/ /	52) that I last saw the the date stated above.
_	234. SIGNA	ex. Do	Met	M. D.	RY OR CREMATORY!	240. LOCATION (City, to	wn, or county) (State)
	BURIAL,	June 16	750	Drund Rid	ge	Pitrewille "	med
JU	NA 399	BOR REGISTRAR	SSIGNATA	Vellisones, MAR	5) F. Elin	'Ams Rustin	tron Mil.
	VS 150	-	-	and the letter of the	//		0



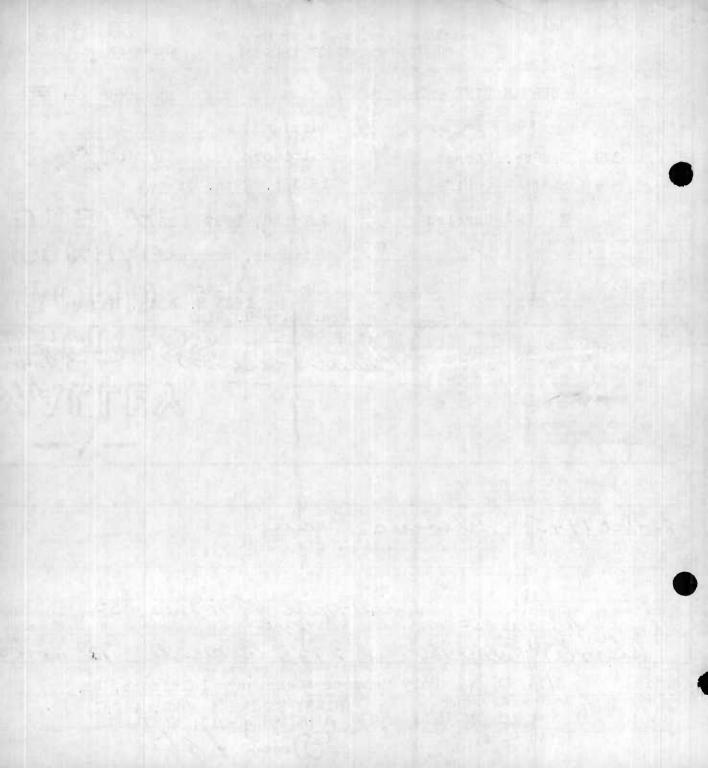
No.	500	0 5269	,				_	0
	9.3		BALTIMO	DRE CITY H	EALTH DEPAR	TMENT	J	0 5269
			CEI	RTIFICAT	E OF DEAT	TH	Registered	No.
-	IRTH NO.							
	NAME OF D						2. DATE	
			N ZINK				DEATH JE	ine 11, 1950
A.		City, Maryland			A. STATE		here deceased lived. B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution, gi	ve street address o location	c. CITY OR TOW	/N (lf	outside corporate lin	nits, write RURAL and give
0	9	523 E 28th	Street		Baltimo:			0/
				Yrs. Mos.			ural, give location)	
-		stay in Baltimore	Life	Days	1523 E.	28th.	Street	
5.	SEX	6. COLOR OR RACE	3.0	RRIED, IVORCED (Specify			9. AGE (In years last birthday)	If Under 1 Year II Under 24 Hours Months Days Hours Min.
10	M IISHAL OC	CCUPATION (Give kind of	Married		July 25			
wnr	done during most	of worklog life, even if retired)	0 -	INDUSTR	11. BIRTHPLACE	(State or 10)	reign country)	12. CITIZEN OF WHAT COUNTRY?
_	PRV	PRIETOR	4120	cons R	Baltimore	e. Mar	vland	USA
13	FATHER'S	NAME			14. MOTHER'S M	IAIDEN NA	ME	
P	eter Zi	nk			Theresa	Alie	ra	
15 (Va	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARMEI	FORCES? 16.	OCIAL	17. INFORMANT			ADDRESS+
1	No.	(11 yes, give wat in date	no	SECURITY NO.	Mrs. Mary			DOTECT
	(This does	SE OR CONDITION LEADING TO DEA a not mean the mode of tre, asthenia, etc. It mea complication which of	DIRECTLY TH of dying, e. g., ns the disease, aused death.)		of DEATH	ieu	W	INTERVAL BETWEEN ONSET AND DEATH 4/2 yrs
z		ANTI-OLDENT GALOC		(B)				C17-3044200MB
RTIFICATION	RISE TO T	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE	(C)				
쁜		Н		in stall in				
CER.	TRIBUTING	SIGNIFICANT CONDI TO THE DEATH, BUT USEASE OR CONDITION	NOT RELATED					
				TNGS OF OPE	RATION !			20, AUTOPSY?
AL	22-00	e 1945	Gleo	1110	/ Brau			YES NO
MEDIC		DENT WAS UNDER. R CONTRIBUTING DEATH		F INJURY (e. g., tory, street, office bldg.	io or 21C. WHERE		in Baltimore City	, give exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E.	NJURY OCCURE	RED 21F. HOW D	ID INJURY	OCCUR?	
	J. MJORT		m. WHILE A					
	22 11 1			0/	- 17. '0	10.11	911110 00	500
		y certify that I att			Hpric, 199		June , 19	5, Chat I last saw th
	deceased a	Tive on full	-, 19 and t		erred att 23011	n., from th	e causes and on	the date stated above
	White was a second	eas Well	elword	м. р.	2746 C	Ela	uela	23c DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DUI'181 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 6/14/50 Holy Redeemer Cemetery Baltimore, Md.

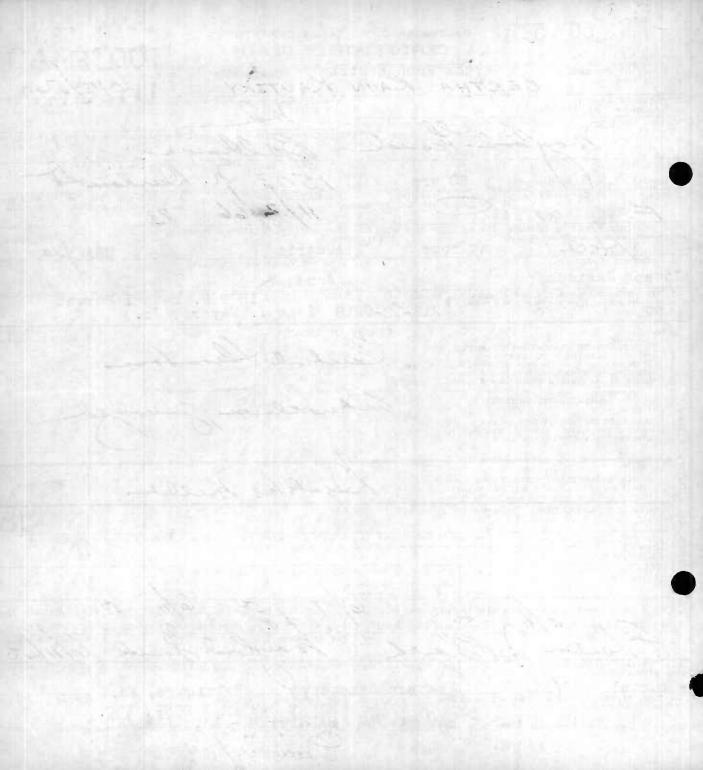
DATE RECEIVED BY REGISTRAR'S SIGNATURE

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ge is especially important. Figsicialis: please wife the causes of death clearly and legibly.



50 5270 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Regist	50 5270
CERTIFICATE OF DEATH Regist	tered No.
BIRTH NO.	1 1
1. NAME OF DECEASED BETTHA RAUN KAUTZKY OF DEATH	6/11/50
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE DEATH 4. USUAL RESIDENCE (Where deceased a state of the state	
B. FULL NAME OF (If not in hospital or institution, give street address or	
INSTITUTION Way land Know C. CITY ORTOWN (If outside corpora	ate limits, write RURAL and give township)
Yrs. D. STREET ADDRESS If rural, excelor	tion to the time
Length of stay in Baltimore 60 yrs Days 5. SEX 6. COLOR OR RACE 7. SUNCES. MARRIED. 8. DATE OF BIRTH 9. AGE (In y	years If Under I Year If Under 24 Hours
WIDOWED DIVORCED (Specify) 11/2/66 last hirtho	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of yorking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
at home Austria 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA Yes.
Joseph Jamisch Anna ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 1502 N. Beth	el Street
no 212-12-0019 John J. Meyers, Jr	
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	0=0
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that lattended the deceased from 7, 1958, to 6/11	, 1917, that I last saw the
deceased alive on 6/11, 19 5° and that death occurred at 4 6.m., from the causes an	d on the date stated above.
() hacles J. Dark M.O. Mayland Jenes	al 6/11/50
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE TION, REMOVAL (Specify)	y, town, or county) (State)
burial 6/14/50 (Western Cemetery Baltimore,	Md. ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE HENRY SANDER & SONS, BALSI MORE - 13, MARY	INC.
VS 150	,
Operie of facel	61



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) ADDIE E. MARK June 12, 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence S. PLACE OF DEATH: A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Methodist Home for the Agedcation) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore 2211 W. Rogers Ave. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2211 W. Rogers Ave. c. Length of stay in Baltimore Days 9. AGE (In years) AGE (In years | if Under I Year | if Under 24 Hours last birthday) | Months! Days | Hours Min. 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) female white Aug. 19. 1858 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR WHAT COUNTRY? INDUSTRY work dooe during most of working life, even if retired) Maryland -none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Godman Sarah Funk 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Mamie B. Fisher 2211 W. Rogers Ave INTERVAL BETWEEN CAUSE OF DEATH My ocardial hisuffering DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION NO F 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21A, ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! June 8 1950 to June 11, 1950, that I last saw the 22. I hereby certify that I attended the deceased from. 1950, and that death occurred at 5.30 A m., from the causes and on the date stated above. deceased alive on June 11 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY I 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-24B. DATE TION, REMOVAL (Specify) Burial 6/14/50 Loudon Park Cem. Balto., Md. 25 FUNERAL DIRECTOR . ADDRESS REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

50 5272

CERTIFICATI	E OF DEATH Registered No.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) SARAH ALICE CARR	2. DATE OF DEATH June 11, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 3201 Piedmont Ave.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore / 5 - 3 7
Yrs.	D. STREET ADDRESS (If rural, give location)
C. Length of stay in Baltimore Mos. Days	3201 Piedmont Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years it Under 1 Year last birthday) Months; Days Hours; Min.
female white single	Aug. 3, 1875 74
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Auditing Dept. Dept. Store	Ohio
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George R. Carr	Sarah A. Caldwell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
no	Miss Clorence Carr 3201 Piedmont Ave.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Sept.1 sebral hemorrhage and paralysis 194 terio sclerosis hypertension on carditis duration about 3 mo. erio sclerosis and hypertension
(C)	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
none	YES NO
21A. ACCIDENT, SUICIDE. O 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F, HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from Se	eptl , 19 49to June 11 , 1950 that I last saw th
deceased alive on June 1019 50 and that death occu	urred at 1 2 m., from the causes and on the date stated above
Shallo 5 Weblitt M. O.	3 2 20 Marricon Below June 12,5
	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Burial 6/13/50 Woodlawn Cen	m. Woodlawn, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS

VS 150

correctige is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

50 5273

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF FRANK BUTZ June 11, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 768 W. Cross St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 768 W. Cross St. c. Length of stay in Baltimore Dave 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Jast birthday) | Months | Days | Hours | Min. male white married May 9, 1880 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Inspector (rtd) Maryland
14. MOTHER'S MAIDEN NAME Glass Bottle Mfg 13. FATHER'S NAME John Butz Dora Wachtsmudt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO no Mrs. Emma Butz 768 W. Cross St. INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO uy anaomea OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Cerul, 1947 to Yung 11, 1950, that I last suw the deceased alive on 6/19, 1950, and that death occurred at 375 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Klesoma 24A. BURIAL. CREMA-TION, REMOVAL (Specify) Loudon Park Cem. Balto. Md. Burial 6/14/50 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY

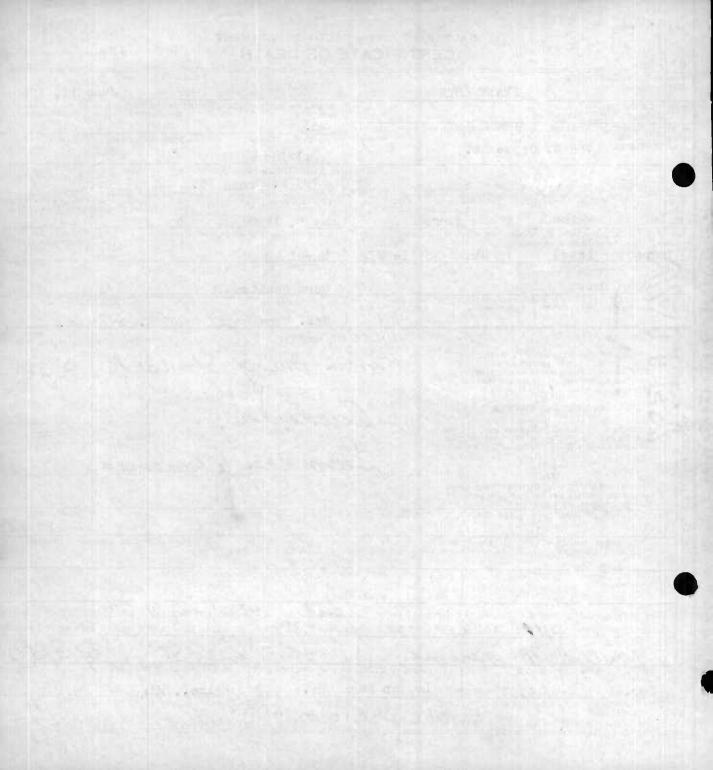
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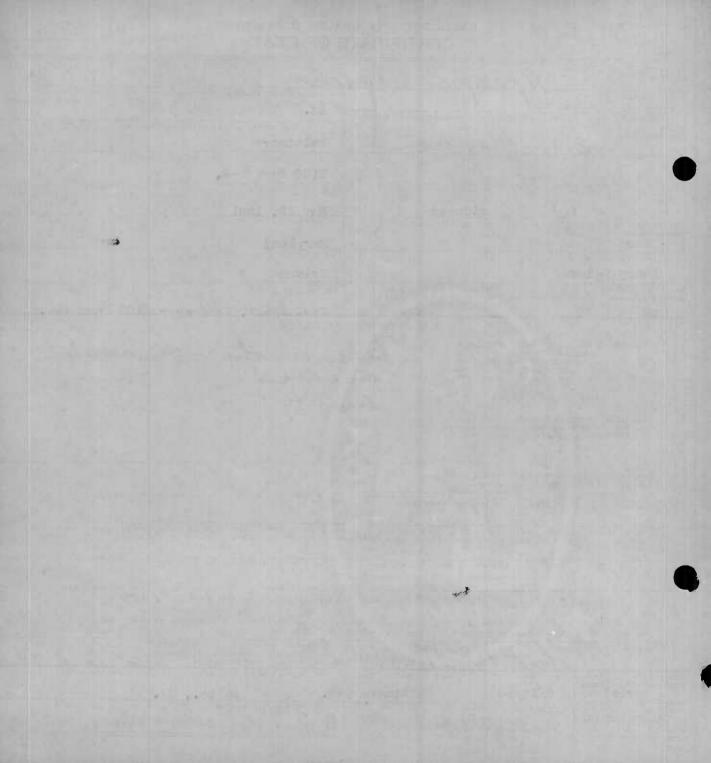
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Physicians:

important.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED OF (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: before admission) A. STATE B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2106 Park Ave. Length of stay in Baltimore Days 9. AGE (In years if Under 1 Year lust birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours 6. COLOR OR RACE 5. SEX WIDOWED, DIVORCED (Specify) May 10. widowed 1861 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of) WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) none Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry Palmer Arianna 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Ida V. Kaufman - 2106 Park Ave no INTERVAL BETWEEN CAUSE OF DEATH 18. 422.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY is ochrotic Cardio vaser LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WORK AT WORK thereon and from 22. I certify that I took charge of the remains described above, held an . the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , aecident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ... 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 6/13/50 Burial Baltimore Cem. Balto. Md. ADDRESS FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Thurtuston Williams, M. M. 1/02 CONTRACTOR OF THE PARTY OF THE VS 151



ABRASKU BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Spras DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ec0018 township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. Maiden Choice c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 9. AGE (ln years) H Under 1 Year 8. DATE OF BIRTH last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) WIDOWER 10A. USUAL OCCUPATION (Givekinder) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Dun Business Butcher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UGUSTA George 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 1209 MAIden (10 causes Hommerhacker CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) Arterioseletotie Cardio -ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE oular-Renal Disease UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION important. 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY . 19 COto 6 - 11- 19 Chat I last saw the 22. I hereby certify that I attended the deceased from 6-1 . 1910, and that death occurred at 3.35 p.m., from the causes and on the date stated above. deceased alive on 6 - 11 -23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Western pyrial Vune ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR VS 150

5276 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give INSTITUTION township) MD (It rural, give location) Yrs. D. STREET ADDRESS Mos Length of stay in Baltimore Days 9. AGE (In years | H Under I Year | H Under 24 Hours | I st birthday) | Months: Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) annel 3-1903 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR III. BIRTHPLACE (State of foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or deten of service) 16. SOCIAL 17. INFORMANT SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES EDIC, 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 10 -19 50 that I last saw the . 1950 to_ deceased alive on 6 - 11, 19 50, and that death occurred at 2:35 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C DATE SIGNED M. D. TAN. BURIAL, CREMA-24CI NAME OF CEMETERY OR CREMATORY 248. DATE 240. LOCATION (City, town, or county) noh DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAN VS 150

-\00 50 5277	BALTIMORE CITY HEA CERTIFICATE		Registered N	Chail A
1. NAME OF DECEASED (Type or Print)	be Hu	BE	2. DATE OF DEATH	1-1950
a. Baltimore City, Maryland 3 \ B. FULL NAME OF (If not in hospital or ins		4. USUAL RESIDENCE (W	here deceased lived, If it B. COUNTY	nstitution ; residence before udmission)
HOSPITAL OR INSTITUTION	lotation)	CHY OR YOWN (II	outside corporate limits	write RURAL and give township)
Length of stay in Baltimore	Yrs. Mos. Days	STREET ADDRESS IN	ural, give location)	
15. SEX 6. COLOR OR RACE 7. SIN	IGLE MARRIED.	DATE OF BIRTH		Inder Year II Under 24 Hours this Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. K work done during most of working life, even if retired)	IND OF BUSINESS OR 1	1 BIRTHPLACE (State of to	reign country)	12. CITIZEN OF

15. WAS DECEASED EVER IN U. SARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO CAUSE OF DEATH 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

2 IC. WHERE DID

INJURY OCCUR?

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

(If in Baltimore City, give exact location)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

'S MAIDEN NAME

21b. TIME (Month) (Day) (Year) (Hour) DF INJURY

NOT WHILE WHILE AT AT WORK

21B. PLACE OF INJURY (e.g., in or

DUE TO

(C)

deceased alive on Le

22. I hereby eertify that I attended the deceased from , 19 5 Ahat I last saw the from the causes and on the date stated above. 196 Q and that death occurred at 1 23B. ADDRES 23c. DATE SIGNED

23A. SENATURE

THON, REMOVAL (Specify) 24B, DATE NAME OF CEMETERY OR CREMATORY

DATE RECEIVED BY LOCAL REGISTRAR

13, FATHER'S NAME

ERTIFICATION

U

MEDICAL

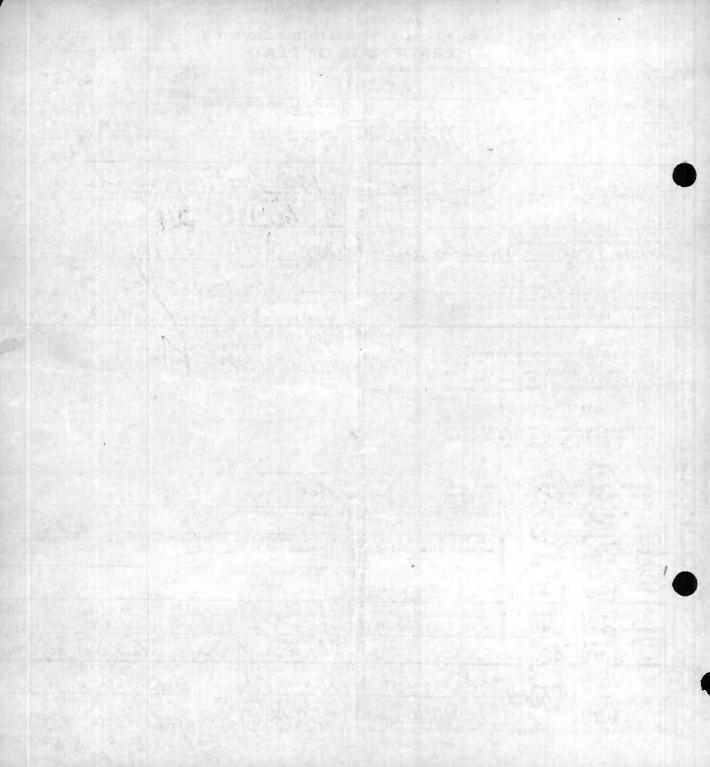
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO ZAGANAS 6-12-50 1. NAME OF DECEASED 2. DATE (Type or Print) OF eter DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN D. STREET ADDRESS (If rural, give location) Yrs. Mos. 15 no an war c. Length of stay in Baltimore Days SINGUE MARRIED. WIDOWED, DIVORCED (Specify) MARRIED. 5. SEX 6. COLOR OR RACE birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) nomages. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, un nr nuknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. (Yes, un nr nuknown) INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE deceased alive on 6,13, 1950, and that death occurred at 3 m. 1950, signature 19 5, that I last saw the m., from the causes and on the date stated above. 23C. DATE SIGNED sana TION REMOVAL (Specify) 24c. NAME OF CEMETERY Jount ADDRESS DATE RECEIVED BY LOCAL REGISTRAF VS 150

important.



V-4058 5279

BALTIMORE CITY HEALTH DEPARTMENT

50 5279

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В	IRTH NO.	ERTIFICATI	E OF DEATH	Registered No	
(7	ype or Print) LEANOR.	C-Wol	LLE	2. DATE OF DEATH	15-0
A.	Baltimore City, Marsani 13 ESMON. FULL NAME OF (If not in hospital or institution	DSON AYE	A. STATE	Where deceased lived. If in B. COUNTY	stitution : residence before admission)
H.	TOOD'S CONVALISON HO	ME location	C. CITY OR TOWN	outside corporate limits,	township)
	Length of stay in Baltimore IFETI	ME Yrs. Mos. Days	307 /V.LV	f rural, give location) MDHURST	St.
	F WAT MATE	MARRIED. DELYORCED (Specify)	OCT 19-188	9. AGE (In years I Un last bir day) Mont	der I Year II Under 24 Hours hs Days Hours Min.
wor!	A. VSUAL OCCUPATION (Gitchind of 10B. KIND O	DF BUSINESS OR INDUSTRY	11. BIBTHPLACE Stage or	foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
13	ALEXANNER YUCKE	EL.	14. MOTHER'S MAIDEN	NAME.	
15 (Ye	s. WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	Frank Wo	elle 30711.7	yuelhuit
CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) Metz DUE TO	OF DEATH A > T A T I E C. B E IVE IT A T I Z LINO MA DI	1 - 3	
CERTIFIC	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)			
1	19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACI about bome, farm	E OF INJURY (e. g., in n,factory,street,office bldg.,e	or 21c. WHERE DID	(If in Baltimore City, giv	e exact iocation)
Σ	OF INJURY WHI	E. INJURY OCCURRE	ED 21F. HOW DID INJUR	RY OCCUR?	
	22. I hereby certify that I attended the de deceased alive on 6/10, 1956, an	eceased from J	red at 3, 1979 to	the causes and on the	that I last saw the date stated above.
	23A. SIGNATURE COLLEGE	м. р. 3	3B. ADDRESS	SON AVY	C/12/50
9	@ 14/10 7	C. NAME OF CEMETE	egral Es	LOCATION (City, town, or	county) (State)
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	agus of the	SEVEN DESCRIPTION	mbackeyns	Must 4.
		The second secon			

CONTRACT MANY LE CENTILL STEPPERSON THE RESERVE OF THE PARTY OF THE

age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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BI	RTH NO.			CLITTI ICAT		LAIII		
	(Type or Print) Carolina Virginia Mannin			ng		of June	e 11, 1950	
B. HC	PLACE OF D Baltimore (FULL NAME DSPITAL OR STITUTION	City, Maryland 24	24 E. M	onument St. ion, give street address or location)	A. STATE	Md.	Where deceased lived, B. COUNTY f outside corporate lin	If institution: residence before admission nits, write RURAL and giv township
19	0			Yrs.			rural, give Meation)	0
91	Length of s	tay in Baltimore	life	**		2424 E	. Monument S	t.
1	sex emale	6. COLOR OR RACE	WIDOW	E. MARRIED. /ED. DIVORCED (Specify: 100WEQ	8. DATE O	4, 1871	9. AGE (In years last birthday)	H Under 1 Year H Under 24 Hours Months Days Hours Min
10 work	A. USUAL OC done during most housesi	CUPATION (Give kind or of working life, even if retired fe		O OF BUSINESS OR INDUSTRY		PLACE (State or I		12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S		m Moore		14. MOTHI	ER'S MAIDEN N	unknown	
15 (Yer	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFOR	MANT Idry Burke	, 2424 E. Mo	ADDRESS nument St.
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL'	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L SIGNIFICANT CONE G TO THE DEATH, BUT	ATH of dying, e. 1 ans the diseas caused death SES IF ANY, GIVIN O STATING TO AST.	NG DUE TO	But Joseph	Tapa Tapa Tapa	Scala Sclen cella	1 gran
IL C		OF OPERATION		FINDINGS OF OPE	RATION			20. AUTOPSY?
MEDICAL	21b. TIME OF INJURY	(Month) (Day) (Year	about home,	ACE OF INJURY (e.g., farm, factory, street, office bldg., 21E. INJURY OCCURF WHILE AT NOT WHILE AT MORK deceased from A	ED 21F. H	WHERE DID Y OCCUR? OW DID INJUR		yes No Le, give exact location)
2.4 TI	deceased a 23A SIGNA 4A. BURMAL, ON, REMOVAL (S Burial	live on b	duni	and that death oecu	ADDRE	MATORY PEAD, I	LOCATION (City, tow	the date stated above
D	ATE RECEIVE	D BY REGISTRAR	'S SIGNATU	IRE WILLIAMONDS	25. FUNE Schi	RAL DIRECTOR	eral Home, I	ADDRESS

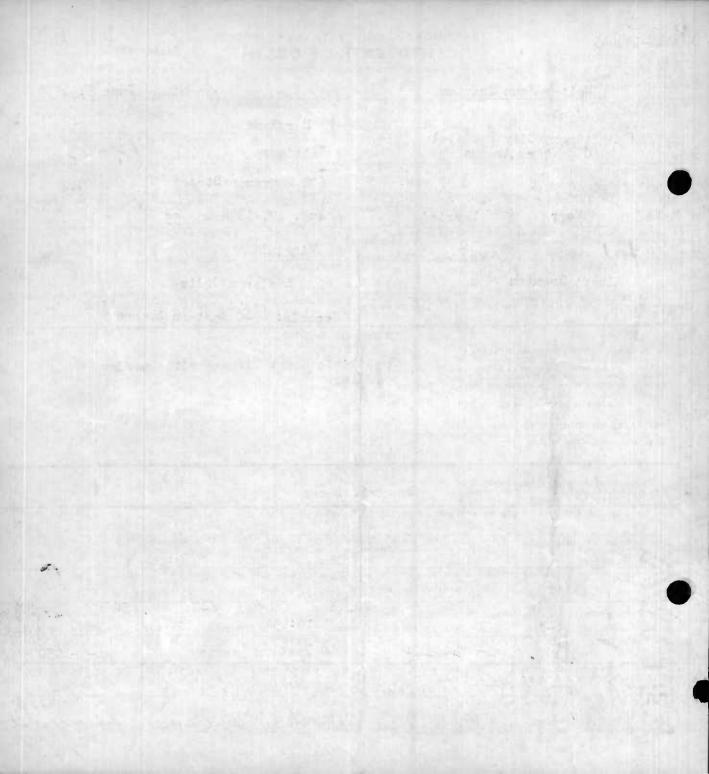
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BALTIMORE CITY HEALTH DEPARTMENT

50 5281

Registered No CERTIFICATE OF DEATH BIRTH NO. 284 1. NAME OF DECEASED 2. DATE (Type or Print) OF Walter John Braxton June 8. 1950 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospital C. CITY OR TOWN (If outside corporate limits/write RURAL and give 4940 Eastern Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 632 Lawrence Street 37 yrs. ength of stay in Baltimore LAURENS Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years If Under | Year | Il Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED DIVORCED (Specify) Male Negro Aug. 19, 1894 IOA. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Virginia bores, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Braxton Lucianna Critz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN Baltimore City Hosotrass Records: 4940 Eastern Avenue SECURITY NO. No 18. 0 23 X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Syphilitic Heart Disease with Cardiac heart failure, asthonia, etc. It means the disease, Failure injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Duodenal Ulcer TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL YES 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! WORK . 1950, that I last saw the 5-29 22. I hereby certify that I attended the deceased from. 1950, and that death occurred at 10:15An., from the causes and on the date stated above. deceased alive on 6-8 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-NON, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county 24C. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S 25. FUNERAL DIRECTOR LOCAL REGISTRAR



DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

XBODEX

XDUEXE

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION

21A. EXTERNAL CAUSE WAS PRIMARY OF OCONTRIBUTING | about home, farm, factory, street, office bldg., etc.) 218. PLACE OF INJURY (e. g., in or Hospital

21D. TIME (Month) (Day) (Year) (Hour) 11:45 P.m.

22. I certify that I took charge of the remains described above, held an . the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

REGISTRAR'S

NAME OF COMETERY OF CREMATORY

2 IE. INJURY OCCURRED

NOT WHILE

Subarachnoid hemorrhage

Fracture of pelvis & left humerus

21F. HOW DID INJURY OCCUR?

Autopsy

21c. WHERE DID

INJURY OCCUR?

Contusion of brain

and death in my opinion resulted from: natural causes □, accident □, suicide ☑, homicide □, undetermined □. 238. CHIEF MEDICAL EXAMINER...... 23c. DATE SIGNED June 9. 1950 MEDICAL INVESTIGATOR 240 LOCATION (City, town, or county)

Autopsy, Inspection or Inquiry

Baltimore City Hospital, 4940 Eastern

Jumped from third floor window to ground

WORK

(If in Baltimore City, give exact location)

20. AUTOPSY

thereon and from

of

causes

Physicians:

important.

especially

19A. DATE OF OPERATION

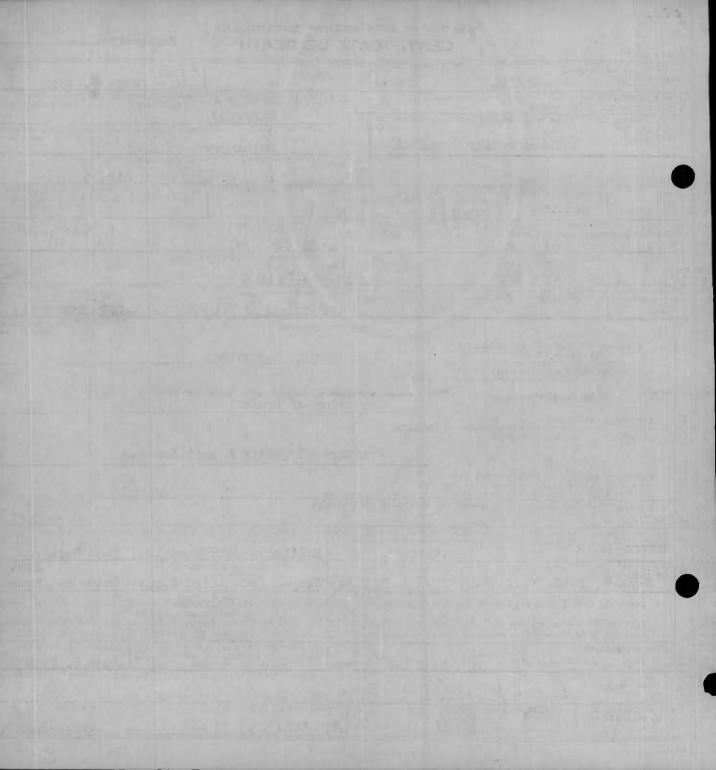
June 8, 1950

23A. SIGNATURE

24A. BURIAL, CREMA-

DATE RECEIVED BY

LOCAL REGISTRAR



ribsicialis: please write the causes of death clearly and legibly.

age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	5283
Registered	No	

	1. NAME OF DECEASED (Type or Print) Margaret, Dimatti 2. DATE OF DEATH June 11-1950						0		
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (V A. STATE Maryland		ed. If institu		lence
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) INSTITUTION L940 Eastern Ave.				outside corporate	limits, writ		and give ownship)		
	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (If 2509 E.Fairmo		n) 6 -	06	
	sex emale	6.COLOR OR RACE	WIDOW	E. MARRIED, YED, DIVORCED (Specify) Divorced	Jan.24, 1920	9. AGE (In year last hirthday	rs If Under I) Months I	Year If Und Days Hour	er 24 Hours
WOI	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	Cente	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country)		ITIZEN O	
13	3. FATHER'S N	John, Ho		1	14. MOTHER'S MAIDEN N. Carrie, Shefer	AME			
15 (Ye	5. WAS DECEASE m, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records B.C. H.	. 4940 Eas	tern Av	ss re.	
ERTIFICATION	DISEASE (This does heart failu Injury or DISEASES RISE TO TUNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	'H f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH	Pulmon: (B) Pulmon: (C)	id Disease		O	NSET AND	DEATH
U.	TRIBUTING TO THE O	TO THE DEATH, BUT	NOT RELATE	D	RATION			20. AUTO	PSY7
TO-15-48 Enpyena with PulmonaryTuberculosis 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)						NO 🗌			
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK								
	22. I hereby certify that I attended the deceased from 3-3, 1948, to 6-11-, 1950, that I last saw the deceased alive on 6-11-, 197 50 and that death occurred at 2:pm m., from the causes and on the date stated above.								
	23A. SIGNAT	US.C	18500	M.D. 1	1940 Eastern Ave.		6.	-12-50	
TI	ATE RECEIVED CAL REGIST	P BY V REGISTRAR	450	PAC HAME OF CEMETE CONTROL RE LANGE MAN AND	2). FUNERAL DIRECTOR	le 23	APD	no	St.
	VS 150	0	1- W	240	90		011	13 B	

Later Comment of the

CEMETERY OR CREMATORY

4081

25 FUNERAL DIRECTOR

24C NAME OF

REGISTRAR'S SIGNATURE

6-11-5

ADDRESS

24D. LOCATION (City, town, or county)

causes

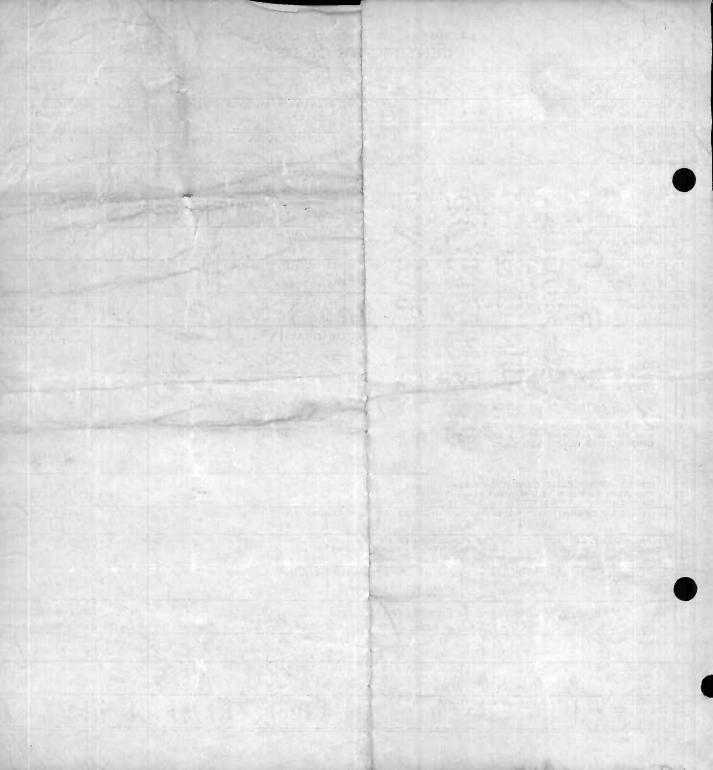
important.

especially

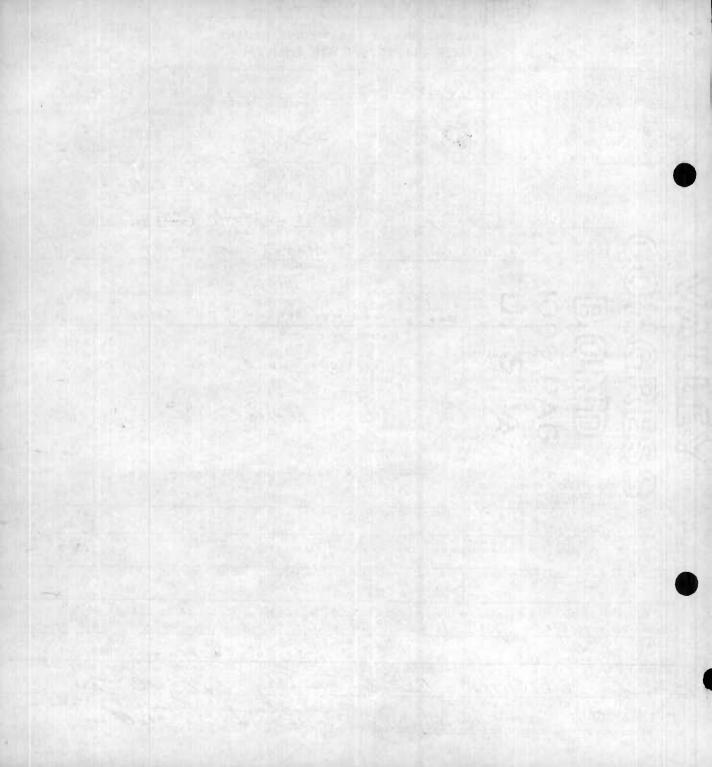
24A. BURIAL, CREMA-

TION, REMOVAL (Specify)

JUNS 158 1950



6-22-50 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Charles ROWNIES DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate lights, write RURAL and give C. CITY OR TOWN INSTITUTION township SE STIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. ME Cullos JOMYS. Days 2435 Length of stay in Baltimore 5. SEX 6. COLOR OR RACE WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year last birthday) Months; Days Hours! Min. JUNE 22 (46-4) 10A, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY MATTHEWS CO. UA. U.S.A. CAULKER SHIP YARDS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UKNOWN 13. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 2435 SECURITY NO. MRS. BERTHAB. ANDERSON 226-20-2805A Mc Cullon ST. INTERVAL BETWEEN 330X CAUSE OF DEATH 18. ONSET AND DEATH (A) Subararhavid Hamorshage DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK 1950 to . 1950 that I last saw the 6/10 22. I hereby certify that I attended the deceased from. .m., from the causes and on the date stated above. deceased alive on 6/1 1 195 and that death occurred at 4 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BORIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE REGISTRAR'S SIGNATURE DATE RECEIVED BY hutil a loss I Attill are. VS 150



713 5286

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 5286

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	Talbot		OF DEATH	1/50
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Wifere deceased lived. If i	nstitution : residence before admission)
HOSPITAL OR	or institution, give street address or location)	c, CITY OR TOWN	f outside corporate limits	, write RURAL and give
INSTITUTION / TOUR dead for	tospital	Bulti	inn-	5-0 township)
	Yrs. Mos.		f rural, give location)	70
Length of stay in Baltimore 5. SEX 6. COLOR OR RACE	7. SINGUE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) #	Under 1 Year It Under 24 Hours
1 heges	WIDOWED, DIYORCED (Specify)	hov. 25, 1880	last birthday) Mor	nths Days Hours Min.
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Thome_	14. MOTHER'S MAIDEN N	VAME	u. s. an
Charles Cus	mmu-m	Kerial	/ >	
15. WAS DECEASED EVER IN U. S. ARMED (Yee, no or nnknown) (If yee, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DRESS
		us. makel Boy	rd 1715 K.	Fulter Gra.
DISEASE OR CONDITION D	N	OF DEATH		ONSET AND OEATH
(This does not mean the mode of	u (/a)	rebral Ku	mhosis	2 web
heart failure, asthenia, etc. It mean injury or complication which ca	s the disease,			
ANTECEDENT CAUSE	/ / 60	eralined (let	russler	
DISEASES OR CONDITIONS, IF	ANY, GIVING			
UNDERLYING CONDITION LAS	эт.			
E II				
OTHER SIGNIFICANT CONDIT U TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	NOT RELATED			
	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., i		(If in Baltimore City, g	ive exact location)
HOMICIDE (Specify)	ebout bome, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		***
210. TIME (Month) (Day) (Year) (OF INJURY	Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?	
	m. WORK AT WORK		Ve 11 105	D
22. I hereby certify that I atte	nded the deceased from Man	red at 250 Am. from	the causes and on th	that I last saw the date stated above.
23A. SIGNATURE HVS		3B. ADDRESS	- and	23c. DATE SIGNED
24A. BURTAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	BY OR CREMATORY 240.	LOGATION (City, town,	or county) (State)
REMOVAL (Specify) 6/16/	950 Frest Le	vel Cem. V	unchhas	q. Va
DATE RECEIVED BY REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR	Luneral . H	MESSE
JUN 13 1338	f- \$1/110 Das	- 1669 Bu	ud Hil	1 Che
VS 150	Les - Hanceman Hang	J 1. 0 9		\$3B

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BALTIMORE CITY HEALTH DEPARTMENT

50 5287

BIRTH NO. CERTIFICATE	E OF DEATH Registered No.				
I. NAME OF DECEASED	2. DATE				
(Type or Print) Helen Hall	OF .				
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence				
A. Baltimore City, Maryland B. FULL NAME QF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission) Maryland				
HOSPITAL OR Baltimore City Hospitals location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
4940 Eastern Avenue	Baltimore 17-03 township)				
enoth of stay in Reltimore 29 Yrs. 29 Yrs.	D. STREET ADDRESS (If rural, give location)				
Days Days	836 Harlem Avenue				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under I Year if Under 24 Hours I Months: Days Hours: Min.				
remaie negro widowed	Sept. 16, 1861 Rest birthday Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of O.K. KIND OF BUSINESS OR work done digring most of working life, even if retired)	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
work done during most of working life, even if retired)	Virginia WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Mack Burrel					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Fannie Winston				
(Yes, see of ucknowe) (If yes, give war or dates of service) SECURITY NO.	Records* 4940 Eastern Avenue				
18. / 7 6 % . CAUSE C	OF DEATH				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
(This does not mean the mode of dying, e.g., (A) Carcin	noma of Breast with Metastasis				
mean trainer, astherna, etc. It means the disease,					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
1					
OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA					
May 17-1950 Left Cervical Ganglion	120				
May 17-1950 Left Cervical Ganglion 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., et	or 21C. WHERE DID (If in Baltimore City, give exact location)				
2 D. TIME (Month) (Day) (Year) (Hour) 215 INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?				
OF INJURY WHILE AT NOT WHILE	7				
m. WORK AT WORK					
22. I hereby certify that I attended the deceased from Sept	t. 7 , 19 49 to June 11 , 19 50 that I last saw the				
deceased alive on June 11, 19 50, and that death occurr	red at 10:45 Pm from the causes and on the date stated above.				
23A. SIGNATURE	Ba ADDRESS City Hospitals 23c. DATE SIGNED				
M.D.	1940 Eastern Avenue 6-13-50				
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
Durial 6/16/1950 albulus pelm. St. Baltimire Co. Mrs.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. EMERAL DIRECTOR ADRESS IN					
IIIN 13 1950 multination Millian O	5 9681 Daniel Mille O.				
VS 150	were the same with the				

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No 1. NAME OF DECEASED (Type or Print) 2. DATE Viola Lmith DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased liv d. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF moneyo HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITEL more Yrs. o. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 62 MB. Days 6. COLOR OR RACE 9. AGE (In years | | Under | Year | | Under 24 Hours | Months Days | Hours Min. 7. SINGLE, MARRIED WIDOWED DIVORCED neare A MALLAN IOA. USUAL OCCUPATION (Give kind of work doneduring most of working life, eyes if retired) 108. KIND OF BUSINESS OR or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNT Housewise 13. FATHER'S NAME. ER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or uoknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or uoknowo) SECURITY NO. JOHNS HOPKINS HOSPITHE INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (1) Hypertensive + afteriosderotic heart failure, asthenia, etc. It means the discase, cardio-vascular disease injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from_ -19 1 Oto hat I last saw the 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED IOHNS HOPKINS HOSPITHT ternet M. D 24A, BURIAL, CREMA TION, REMOVAL (Specify 24c. NAME OF 24D. LOCATION (City, town, er quinty) Burras DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) June 12. 1950 HELEN WYNN MATHEWS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 751 W. North Ave. Baltimore: D. STREET ADDRESS (If rural, give location) Yrs. Mos. . Length of stay in Baltimore 751 W. North Ave. Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Aug. 28, 1865 female white widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph R. Wynn Emily Gould 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoown) SECURITY NO. Mrs. Camilla W. Morrison 751 W. North Av INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Due to tensive cardio renal LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) diocase. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from 409. 9 , 1948to June 12, 1950that I last saw the deceased alive on June 11, 1900, and that death occurred at _m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Balto. Md. Burial 6/14/50 Loudon Park Cem. 25. FUNERAL DIRECTOR,

VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

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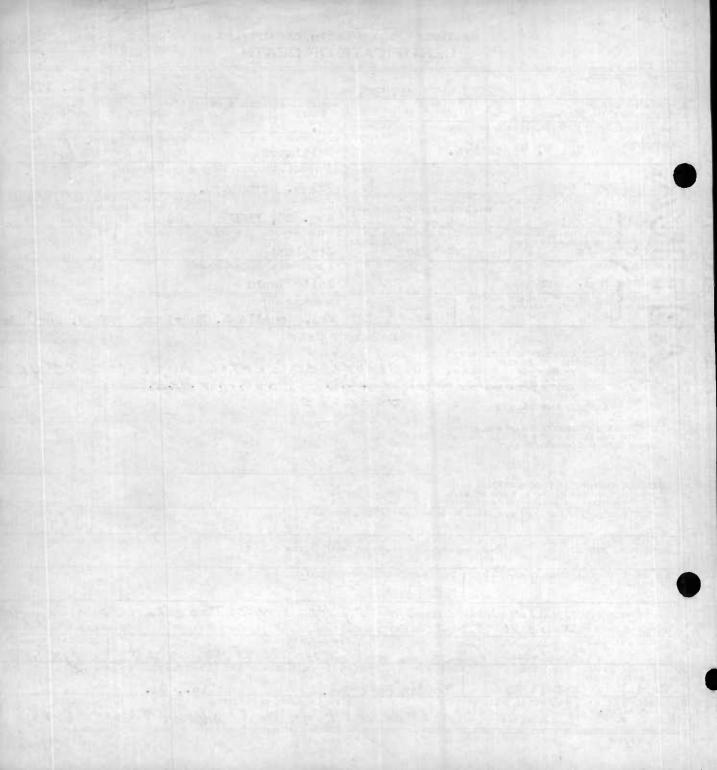
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Physicians:

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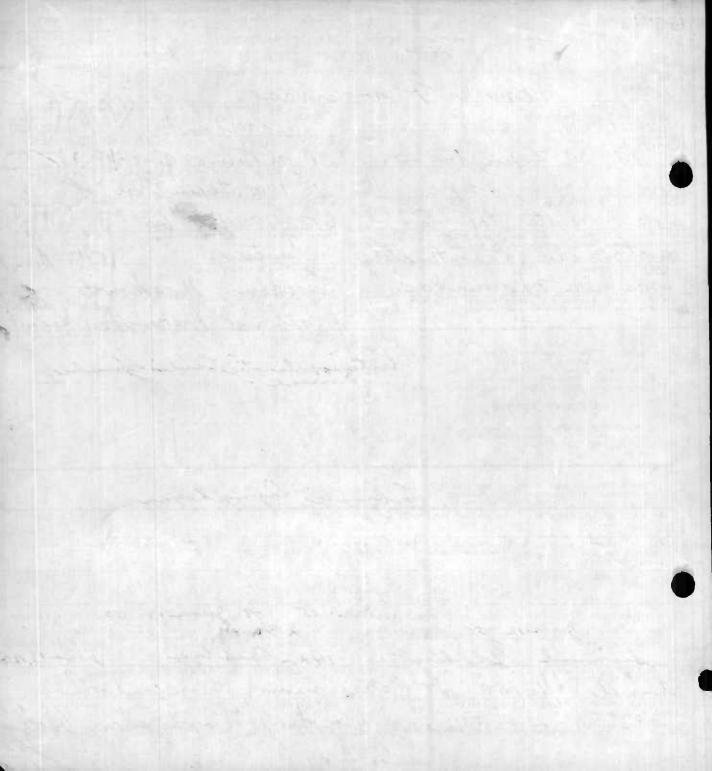
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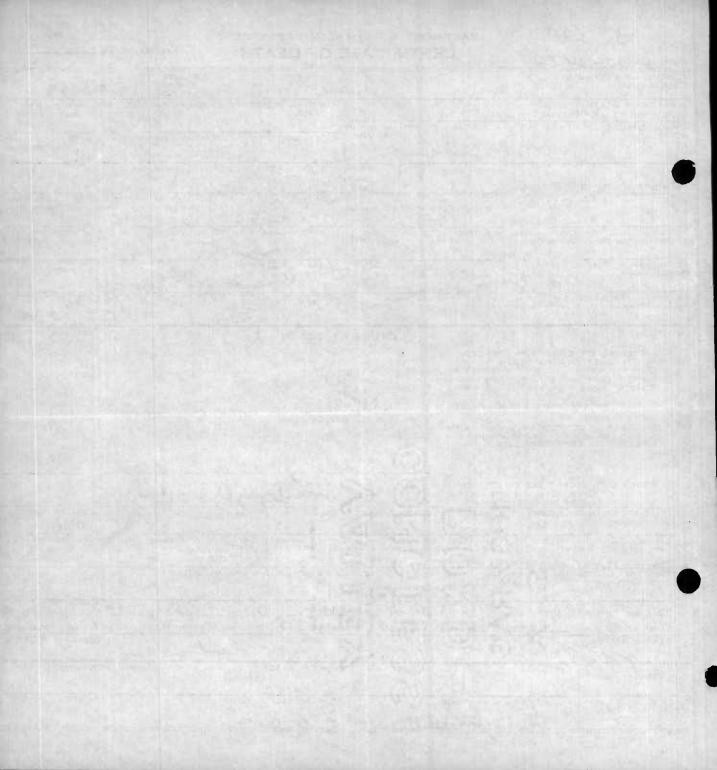


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67	FO FORD
	HEALTH DEPARTMENT DU 5250
BIRTH NO.	ATE OF DEATH Registered No.
1. NAME OF DECEASED Volume Volume	rambas 2. DATE 6/13/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital of institution, give street addre	ess or maryland
HOSPITAL OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
189 W. Lefuglow of.	Baltimore 4-6 Vownship
6 3	Yrs. D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore 2 3 yrs	Days 139 W. Lebengton St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (SE	8. DATE OF BIRTH 9. AGT (In years If Under Vear If Under 24 Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KINDSOF BUSINESS O	6/22/1889 65
work done during thost of working life, even if retired Business o	R 11/BIRTHELACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	6 - Mustria RSA
DI A	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Catherine Markowite &
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY N	io. 17. INFORMANT ADDRESS 3970
	Matherine Harambas Loungto
	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tie the side
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Chrotherobe Carlo - Vascular
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
11	
W TRIBUTING TO THE DEATH, BUT NOT RELATED	Lyngla
TO THE DISEASE OR CONDITION CAUSING IT.	one jujuna
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF C	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (yes No Yes No Leading No Leading Page 19 (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office	bldg.,etc.) INJURY OCCUR?
21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	URRED 21F, HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT W	
m. WORK ATW	
deceased alive on 12. 1950, and that death o	courred at 2 .C.m., from the causes and on the date stated above
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
Seamend Ellberg M.D	1422 Park live June 15.185
24A. BIIRIAN CREMA- 24B. DATE 24C. NAME OF CEM	LETERY OR CHEMATORY 24D. LOCATION (City, town, or county) (State)
Burial 6/16/50 St Rete	is ben. moreland thre
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25) FUNERAL DIRECTOR ADDRESS O 1
JUN 131950 + 191:00000	Home (6 swan & Son, Lelin
VS 150	7 7
	02 19 930

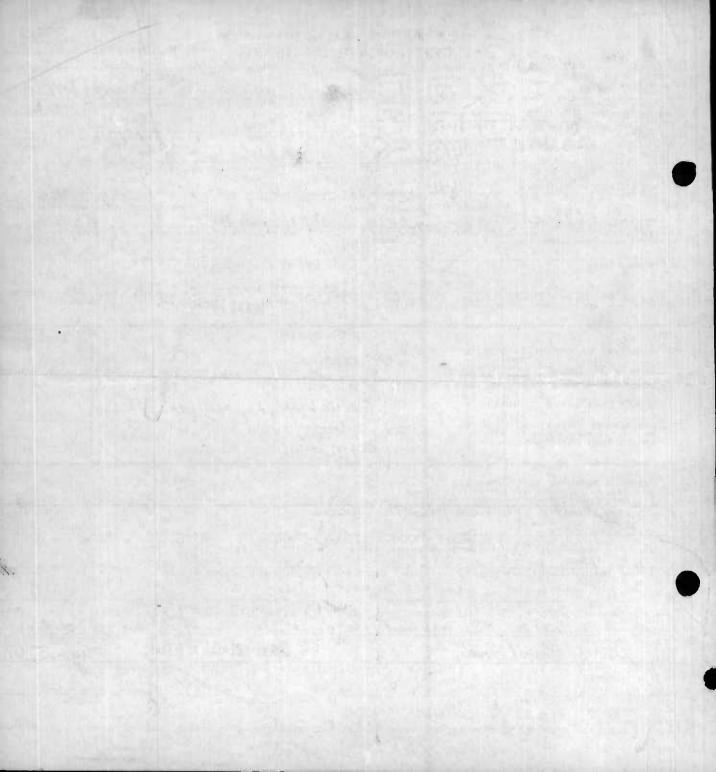
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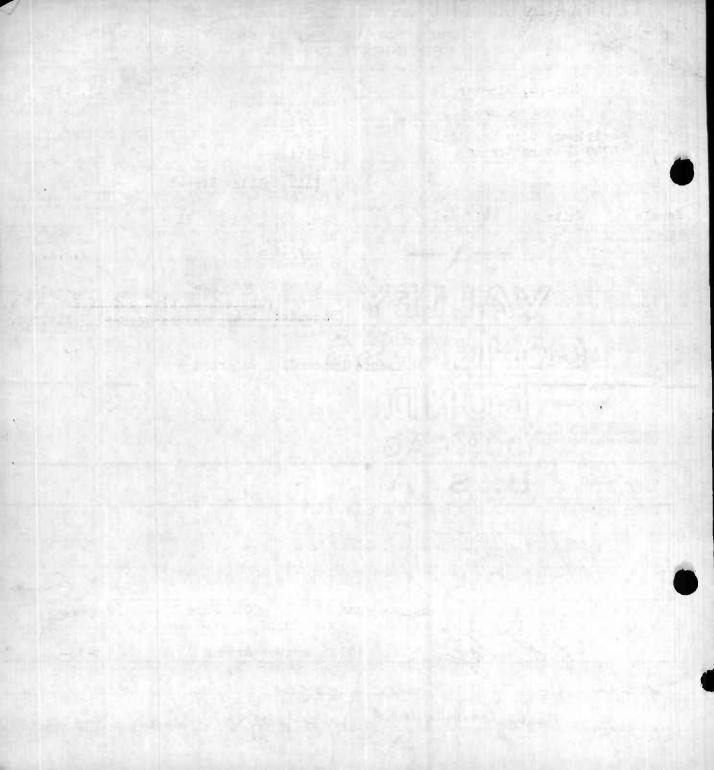


7	-52.0	50 5292 BAL	TIMORE CITY HE	EALTH DEPARTMENT	5	0 5292		
	BIRTH NO. 50 -/3	369	CERTIFICATI	E OF DEATH	Registered N	0		
	1. NAME OF DECEASED (Type or Print)	hy Min	I. Dane	1	OF DEATH	x 1311950		
	3. PLACE OF DEATH: A. Baltimore City, Mar			4. USUAL RESIDENCE (V	here deceased lived. If i	before admission)		
	B. FULL NAME OF (If no HOSPITAL OR INSTITUTION	not in hospital or instituti	on, give street address or location)			, write RURAL and give township)		
ibly.	2.3	7.	Yrs.	D. STREET ADDRESS (If	rural, give location)			
and legibly	E. Length of stay in Ba		Mos. Days	8187	5+.	200		
	Femal Culi		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year II Under 24 Hours hths Days Hours Min.		
clearly	10A. USUAL OCCUPATION work done during most of working life,	(Give kind of even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITYZEN OF WHAT COUNTRY?		
덮	13. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME			
dea				-Bessie Jones	MARI	É		
causes of	15. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, given)	U, S. ARMED FORCES? ve war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANTOLIS NO	KINS HOSPITAL AC	DDRESS		
Physicians: please write the	Z O LISEASES OR CONE RISE TO THE ABOVE UNDERLYING CON TRIBUTING TO THE O	II NT CONDITIONS CON BEATH, BUT NOT RELATED	G (B) PRE	uature separa faccuta p mature.	0			
	19A. DATE OF OPERAT	CONDITION CAUSING IT	FINDINGS OF OPER	RATION		20. AUTOPSY?		
important.	YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, form, factory, street, office bidg., etc.) LYING OR CONTRIBUTING About home, form, factory, street, office bidg., etc.) NO (If in Baltimore City, give exact location) INJURY OCCUR?							
Ily	21D. TIME (Month) (I		HILE AT NOT WHILE WORK	ED 21F. HOW DID INJUR	OCCUR?			
22. I hereby certify that I attended the deceased from 5-13, 1950 to 5-13, 1950 that I								
2	deceased alive on 23A. SIGNATURE	Prystowsky	and that death occur	23B. ADDRESS	s Hospitei	e date stated above. 23c. DATE SIGNED May 15, 50		
ge	24A. BURIAL. CREMA 24 TION, REMOVAL (Specify)		24C NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or complety) (State)		
correc		EGISTRAR'S SIGNATU	hame Me.	25. FUNERAL DIRECTOR	Manga	ADDRESS		
	JUN 1 3 1950 VS 150	Hosp	sital &	isposal		1600		



42 GER	ITIFICATE CO	PRRECI	ED _6-16-501	el De mais	al in.	
REA-1388 5 BIRTH NO.	7 ¹ 5293		TIMORE CITY HE	EALTH DEPARTME	Registered	0 5293 No.
1. NAME OF DI (Type or Print)	1000	a Blocker			2. DATE OF DEATH Jun	e 13, 1950
3. PLACE OF DI	EATH: lity, Maryland		on, give street address or	A. STATE	E (Where deceased lived, I B. COUNTY	f institution: residence before admission)
HOCDITAL OPT	altimore Cit. 940 Eastern	TT 1 :	tal location)	c. CITY OR TOWN Baltimore	19-1	its, write RURAL and give township)
c. Length of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS		•
5. SEX Female	6.COLOR OR RACE White		E. MARRIED. ED. DIVORCED (Specify) Wed	8. DATE OF BIRTH	71 ?	Il Under I Year Ionths Days Hours Min.
10A. USUAL OC work done during most of Housew	CUPATION (Give kind of f working life, even if retired) OPK		OF BUSINESS OR INDUSTRY	Haryland Maryland	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	Sigler		3	14. MOTHER'S MAIDE Susan Sykes		?
15. WAS DECEASE (Yes, no or unknnwn)	D EVER IN U.S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	(Records: 49		ADDRESS WOOD Ave
DISEASES	ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION L/	F ANY, GIVIN STATING TH				
W TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT	NOT RELATE	D			
19A. DATE O	F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
	ENT WAS UNDER- R CONTRIBUTING		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimore City	give exact location)
Σ	Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		JURY OCCUR?	
22. I hereb	y certify that I at live on June 1	tended the	deceased from Jur	ne 13 , 19 50 t rred at 2:50 Pn., fr	o June 13, 19 om the causes and on	50, that I last saw th
23A. SIGNA	TURE PS.	Con	e_ M.D.	238. ADDRESS 1940 Eastern Av	renue	6-13-50
DATE RECEIVE	D BY REGISTRAR	-50	24c. NAME OF CEMETE Prices Co JRE Missyus, Mr.	25. FUNERAL DIRECT	Way we by	ADDRESS No all town
JUN 5 1 50 1	950	8	Salations .	5 7 11	10	94a wed

ge is especially important. Filystians, prease



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	1.1/.	CERTIFICATE	E OF DEATH	Registered No	0,
=	RTH NO.				
	ype or Print) A M E.S	FRANKIIN		OF DEATH 6/1	3/50
3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Whe	re deceased lived. If in	nstitution ; residence before admission
B. He	FULL NAME OF (If not in hospits	al or institution, give street address or location)		tside corporate limits,	write RURAL and giv
3	1 MERCY HOS	ipital	Woodbin		township
		Yrs. Mos.	D. STREET ADDRESS (If ru	al, give location)	
	Length of stay in Baltimore	7. SINGLE, MARRIED.	8. DATE OF BIRTH	AGE (In years HU	Index 1 Year If Under 24 Hous
5.	M W	WIDOWED, DIVORCED (Specify)		last birthday) Mon	ths Days Hours Min
	DA. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
	nn	2	MARYIAN	0	U.S
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	JAMES H. FR	ANKlin, JR	VIRGINIA 1	BARNES	
(Ye	6. WAS DECEASED EVER IN U. S. ARMED 6, no or nnknown) (If yee, give war or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
-	18. 1 (2)	CALISE	OF DEATH		INTERVAL BETWEE
	042,		0. 52,		ONSET AND DEAT
	DISEASE OR CONDITION LEADING TO DEAT	TH 5+ A	phylococcic se	entinemia	
	(This does not mean the mode o heart failure, asthenia, etc. It mea:	f dying, e.g., (A)	pagine neede	PICEPINS	1 pus
	injury or complication which c				
	ANTECEDENT CAUS	SES			
Z		(B)			****
12	DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A)				
4	UNDERLYING CONDITION LA	ST.			
RTIFICATION					
E	11	(C)			
CER	OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
		98 MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
A	nome				YES NO
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, gi	ive exact location)
Σ			SER CONTROL DID INVIDEN	OCCUPA	
	21D. TIME (Month) (Day) (Year) OF INJURY			JCCURI	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that I att	ended the deceased from	1, 1950, to 6	/ 3 . 1950	that I last saw th
	deceased alive on 6/13	, 1950, and that death occur	'/		e date stated abov
	23A, SIGNATURE		23B. ADDRESS		23C. DATE SIGNED
	Game Q.	Treat in M. D.	Chierry Aris	20	6/13/50
2	4A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE		CATION (City, town,	or county) (State
ہتر	QURIAL (Specify) 6-15-	1950 MORGAN (odbine	, md.
D		S SIGNATURE	25. FUNERAL DIRECTOR	to luis	appress held held.

4 1950 VS 150

REGISTRAR'S SIGNATURE

The state of the s

age is especially important. Physicians: please write the causes of death clearly and regiony.

25. FUNERAL DIRECTOR

Los first, win field Med.

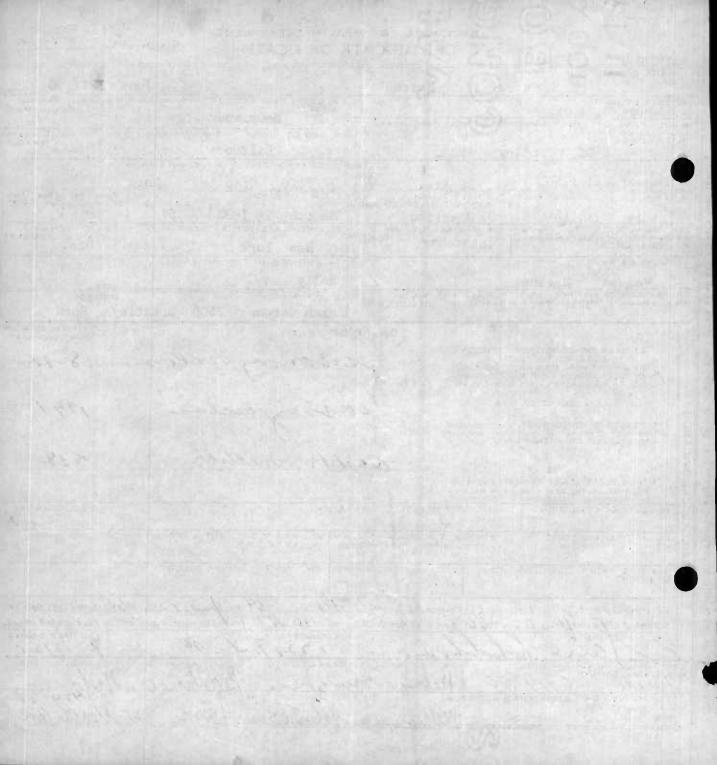
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Mercy said child born in Frederick, Med

D16	TIL NO)U 5235		MORE CITY HE			Registered	5295 1 No
_	NAME OF L	DECEACED					Lo DATE	
	pe or Print)	Hasi	rry.	Marcus			OF DEATH June	e 12 / 50
Α.		City, Maryland	-1 : :-		4. USUAL F	RESIDENCE (W Maryland	here deceased lived. B. COUNTY	If institution; residence before admission)
HC	FULL NAME SPITAL OR STITUTION			, give street address or location)	c. CITY OR		outside corperate lin	nits, write RURAL and give township)
		3508 Grantle	ey Roa	Yrs.	D STREET		rural, give location)	
c. Length of stay in Baltimore 22 Yrs. Days					3508			
5.	SEX N	6. COLOR OR RACE		MARRIED, D. DIVORCED (Specify) Pried	8. DATE OF	I8 I893	9. AGE (In years last birthday)	Months Days Hours Min.
10	A. USUAL O	CCUPATION (Give kind of		F BUSINESS OR		ACE (State or fo	_	12. CITIZEN OF
		t of working life, even if retired)	Insura	INDHICTRY	New	York		USA.
13.	FATHER'S	NAME			14. MOTHER	R'S MAIDEN NA	ME	
	Jose	ph Marcus			Molly	?		
15	WAS DECEAS	SED EVER IN U. S. ARMEI	FORCES?	6. SOCIAL	17. INFORM	ANT		ADDRESS
(104	. HO OF GREENOWR) MR Ind Gac Ma In qure	The vice)	SECURITY NO.	Sarah Ma	arcus - 35	08 Grantle	ey Road
	18. 4-	20.1		7 CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEA	SE OR CONDITION					0	6
	(This do	LEADING TO DEA	of dying, e. g.,	(A)	woon	on 05	tersu	". John
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES						1941	
Z	DISFASI	ES OR CONDITIONS, I	E ANY CIVING	(B)	00000	> ouce		
Ě	RISE TO	THE ABOVE CAUSE (A)	STATING THE	DUE TO	(
OA	UNDERL	YING CONDITION LA	(51.		, ,	01-	,	
F		11		10) Dec	fitz	melli	·>·	1929.
RTIFICATION		SIGNIFICANT COND						
빙		NG TO THE DEATH, BUT DISEASE OR CONDITION		***************************************				
	19A. DATE	OF OPERATION 1	9B. MAJOR F	INDINGS OF OPER	PATION			20. AUTOPSY?
AL					1772 5.8			YES NO X
EDIC	21A. ACCID HOMICIDE	DENT, SUICIDE, (Specify)		E OF INJURY (e. g., i n,factory,street, office bldg.,		OCCUR?	f in Baltimore City	, give exact location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURR	ED 21F. HO	W DID INJURY	OCCUR?	
	OF INJURY			LE AT NOT WHILE				
				ORK AT WORK	71	1029. 1	. /> .	\$41 .7
		by certify that I att			701	()		SU, that I last saw the
	deceased of		1920. an		3B. ADDRESS		ne causes and on	the date stated above
	ZJA. SIGINA	1 Charles	1. 1.		172	1 Zwhr	00,	Lu 1315 1
	A. BURLAL		24	C. NAME OF CEMETE	RY OR CREMA	TORY 24p. L	OCATION (City, tev	wn, or county) (State)
	REMOVAL		50 4	elacur The	in her	120	Steam at "	mal.
D4	TE RECEIV	ED BY REGISTRAR	S SIGNATURI	E CO	25 FUNERA	AL DIRECTOR	when /	ADDAMSH- 7 4
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ge is especially important. Physicians: please write the causes of death clearly and require

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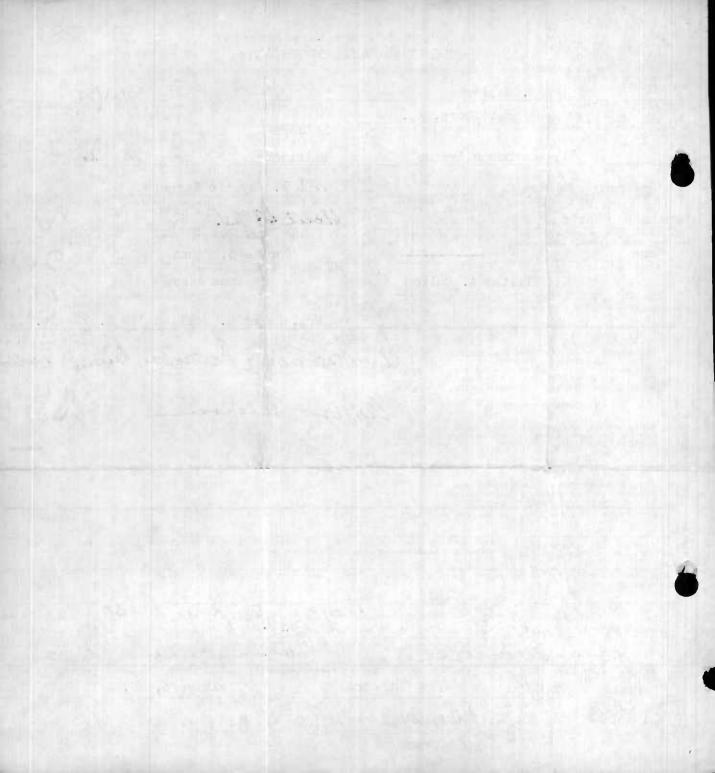


5296 BALTIMORE CITY HEALTH DEPARTMENT 5296 Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Helen E. Miller 6/11/50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A Baltimore City, Maryland Baltimore, Md. A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 5313 Edmondson Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2204 W. Favette Street Length of stay in Baltimore Days 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years last birthday) Months: Days Hours: Min. Female White Widowed 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None Conawego, Penna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Colton Anna Adams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Helen S. Hellman 399 E. 72d St.N.Y. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 1950 that I last saw the 22. I hereby certify that I attended the deceased from May 28 1950 to Reace 11 Mull 11, 1950, and that death occurred at 925 cm., from the causes and on the date stated above. deceased stive on_ 23B. ADDRES 23c. DATE SIGNED 23A. SIGNATURE 6-12 24A. BUR(AL, CREMA-24c. NAME OF CEMETERY ON CREMATORY | 24p. LOCATION (City, town, or county) 248. DATE New Cathedral Baltimore, Md. 6/14/50 Burial LOCAL RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR

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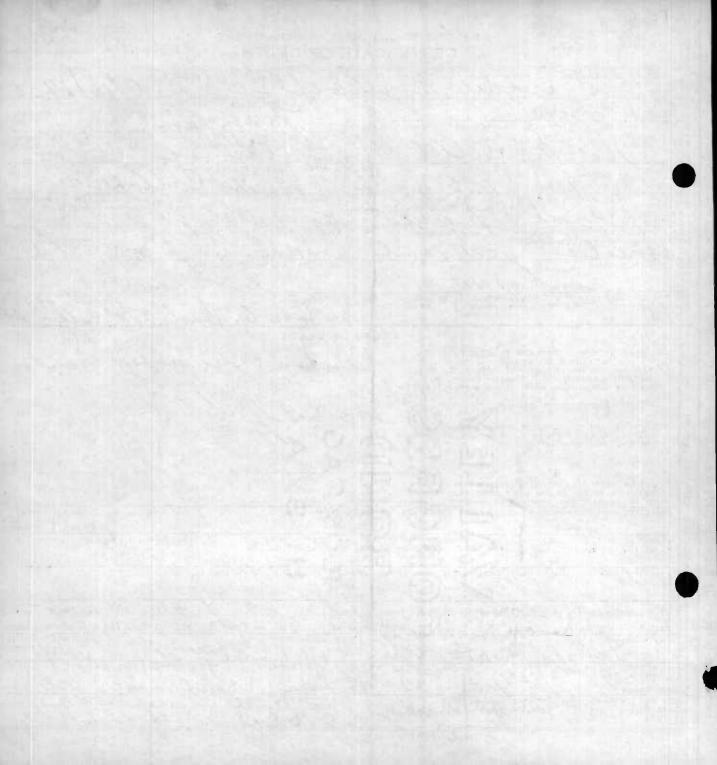


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH B. COUNTY before admission) A. Baltimore City. Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street, address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION townshin) MREQ (If rural, give location) D. STREET c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE MARRIED Honter | Year | If Under 24 Hours | Hours | Min. WIDOWED DIVORCED (Specify 10A, USUAL OCCUPATION (Glvekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF BUSINESS OR work done during most of working life, even if retired) -INDUSTR WHAT COUNTRY? RChaus eture 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME Known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUF TO injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT AT WORK

22. I hereby certify that I attended the deceased from. 5 - 20 1950 and that death occurred at 1 deceased alive on_

19 10 that I last saw the m., from the causes and on the date stated above.

23A. SIGNATURE

BURIAL, CREMA-24B, DATE 23B. ADDRESS

23c, DATE SIGNED

24A BURIAL CREMA-TION REMOVAL (Specify)

NAME OF CEME

wital DATE RECEIVED BY FUNERA DIRECTOR

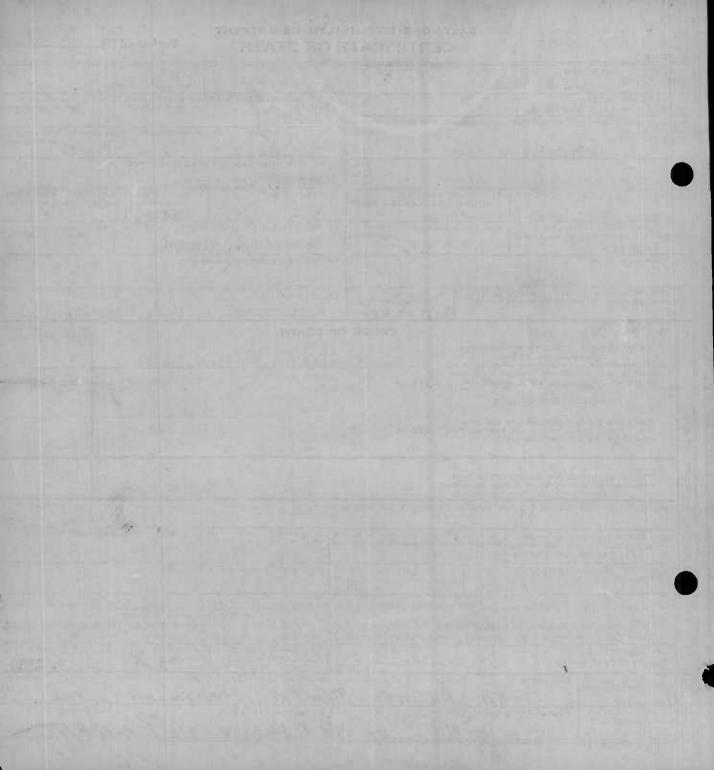
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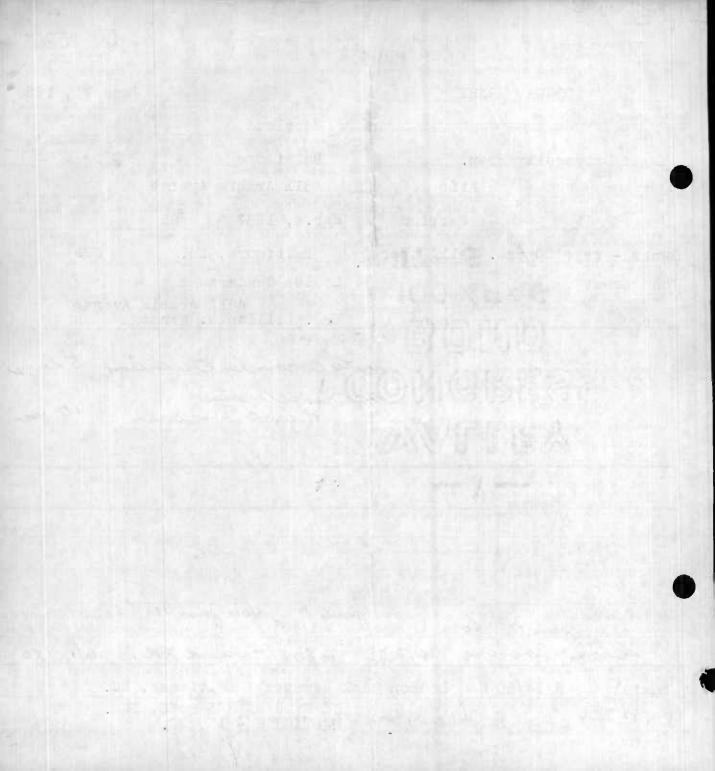
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Physicians;

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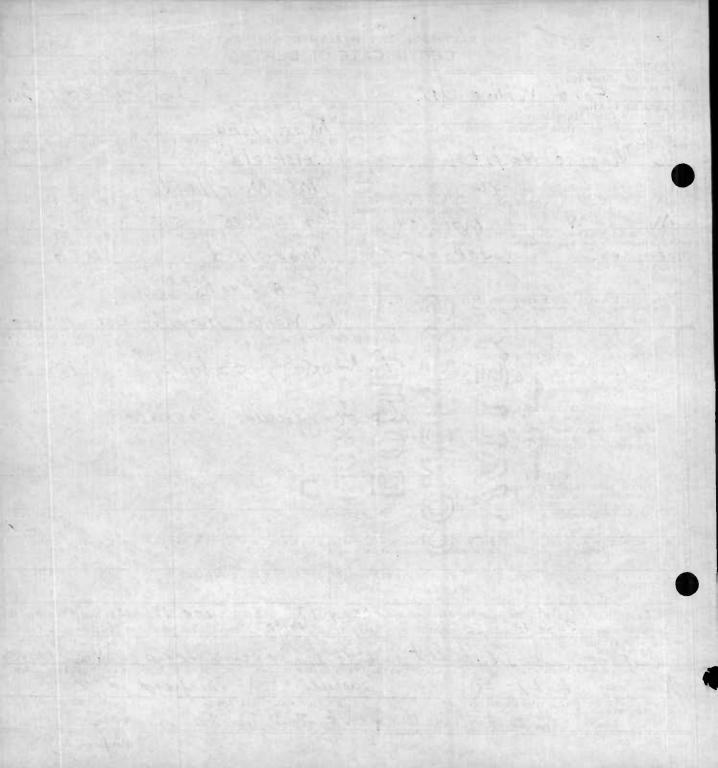
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BALTIMORE CITY HEALTH DEPARTMENT

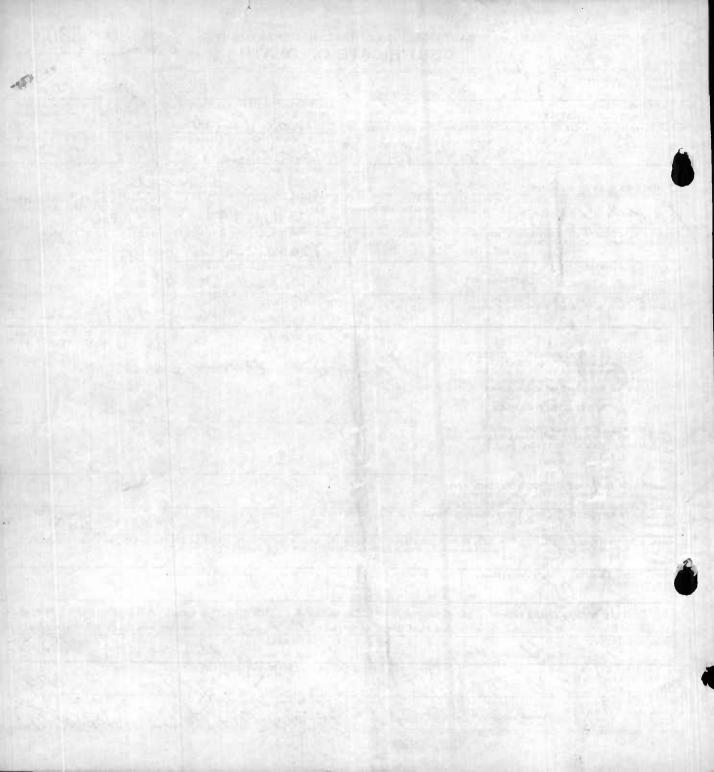
ВІ	BIRTH NO. CERTIFICATE OF DEATH Registered No.						
	NAME OF D	Ford. W	illie	Otis		2. DATE OF DEATH 6-/.	3-50 10 pm
	PLACE OF D				4. USUAL RESIDENCE (Where deceased lived, If	
В.	FULL NAME		al or institut	tion, give street address or location)	Maryland	Somo	set
	ISTITUTION	maina Ha	-2:+	1	C. CITY OR YOWN	If outside corporate limit	s, write RURAL and give township
	73.70	arine Ho	spira	and.	D. STREET ADDRESS (I	f rural, give location)	1000
-		tay in Baltimore	26	Mon- Days	108 Mary	lland	0720
5.	SEX	6. COLOR DR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.
10	A. USUAL OC	CUPATION (Glvekind of		OF BUSINESS OR	Jan 12, 1895	foreign country)	12. CITIZEN OF
wor	k done during most o	f working life, even if retired)	SOAF	INDUSTRY	11.01.1/200	1	WHAT COUNTRY
	ATC. SE		- Jear	arer	14. MOTHER'S MAIDEN N	NAME	USA
			For	20	EVA POT	Kc	
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A A	DDRESS
					U.S. Marine 1	Hosp. Recor	d Olfice
	18. 42	2.1	3	CAUSE	OF DEATH		DNSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH	Pul	monary em	balis	15
	heart failu	not mean the mode ore, asthenia, etc. It mes	ins the diseas	sc,	nong y sm	.00.13	Ismin
	injury or	complication which			,		
Z	ANTECEDENT CAUSES (B) Cardio vascular Disease						
TION	RISE TD T	OR CONDITIONS, I	STATING TI	NG HE DUE TD			
CA	UNDERLY	ING CONDITION L	AST.				
ERTIFICA		11		(C)			
	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT	NOT RELAT	ED			
U		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
SAL							YES NO
EDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg.,		(If in Baltimore City, a	give exact location)
Σ	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
	OF INSORT		m.	WHILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that I att	ended the	deceased from AA	ey 17 , 1959 to 3	une 13, 195	3 that I last saw th
			, 19.50,		rred at 1030p.m., from	the causes and on the	he date stated above
1	23A. 6 GNAT	TURE	(111	elet "	13 & Morrise	Horas.	Serve 14 195
2.	AA BURIAL C	REMA- 24B. DATE		24c. NAME OF CEMETE		LOCATION City, town,	br county) (State)
1	Jamore	u 6-11	- 30	Cri		respect,	na
L	ATE RECEIVE		SSIGNATU	VIA ON ADD	25. FUNERAL DIRECTOR	7. W	ADDRESS
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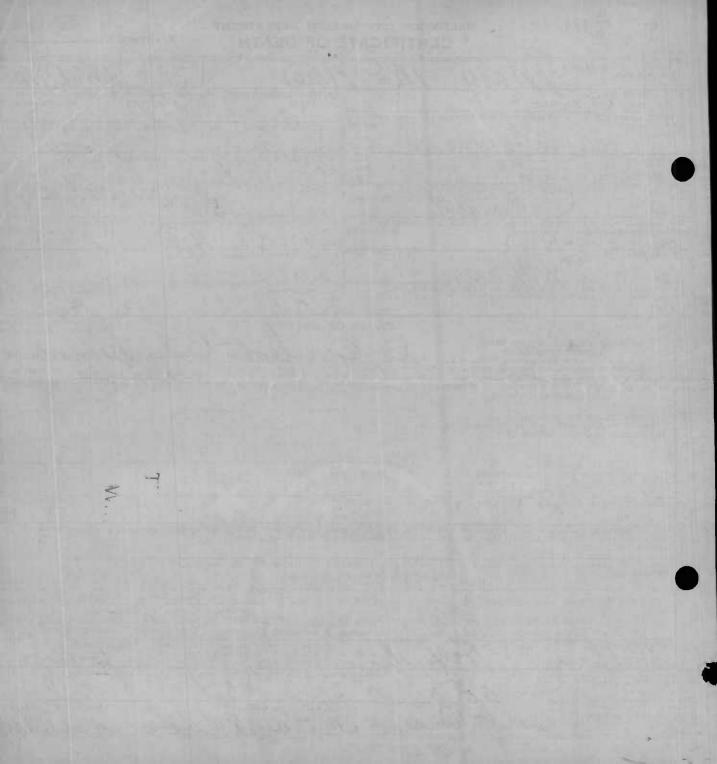


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) loun DEATH 4. USUAL RESIDENCE (Where deceased fived. If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township D. STREET ADDRESS (If rural, give location) Yrs. Mos. wision st. c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years If Under 1 Year 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) umal 8 mo 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME emon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of cervice) SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from June 12, 1950, to June 13, 1950, that I last saw the deceased alive on June 13, 1950, and that death occurred at Z. A.m., from the causes and on the date stated above. 236 DATE SIGNED 23A, SIGNATURE Kowas 24A. BURIAL, CREMA-MON. REMOVAL (Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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e is especially important. Physicians: please write the

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BALTIMORE CITY HEALTH DEPARTMENT

E	BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1	NAME OF DECEASED Type or Print)	Brown		2. DATE OF DEATH LUKE	11,1950
1	Baltimore City, Maryland		A. STATE	(Where deceased lived. If ins	titution : residence before admission)
-	FULL NAME OF (If not in hospital or ins IOSPITAL OR NSTITUTION 120 Piece	titution, give street address or location)	CITY OR TOWN	If outside corporate limits, v	write RURAL and give township)
C	Length of stay in Baltimore	Yrs. Mos. Days	b. STREET ADDRESS (If rural, give location)	
19	SEX 6. COLOR OR RACE 7. SIN	GLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years M Uno	fer I Year II Under 24 Hours ns Days Hours Min.
1		IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN	R	N. 0, C.
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCE ce, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	SATING YOU	PRESS H
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e. g., (A) Hype	OF DEATH	dio-Vascala	INTERVAL BETWEEN ONSET AND DEATH
Z	Injury or complication which caused d	eath.) DUE TO	ue Colono	er indulicion	5 mz
CATIO	DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.			0 0	0
ERTIFI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN	ATED			
AL O		OR FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about b	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,	B or 21c. WHERE DID INJURY OCCUR?	(If In Baltimore City, give	
	2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		RY OCCUR?	
	22. I hereby certify that I attended	1.		the causes and on the	
	23A. SIGNATURE A LOCAL	M.O.	SB. ADORESS W	illinghis	28c. DATE SIGNES
	4A. BERIAL, CREMA- 248. DATE LON, REMOVAL (Specify) June 15, 1950	nt. Auch	RY OR CREMATORY 24D.	Baltinne	, md
	DATE RECEIVED BY REGISTRAR'S SIGN	ATURE - N//	25. FUNERAL DIRECTOR	A /- 111-	DDRESS 322 A

BALTIMORE CITY HEALTH DEPARTMENT

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BI	RTH NO.	2000		CERTIFICAT	E OF DEATH	1 1	egistered	140.	
1.	NAME OF DEC	EASED	DT TOLK	TIMIT MODE		2. DA1			
			ELIZAL	BETH MOOG		DEA	TH Jun	e 13, 195	
Α.	Baltimore City	y, Maryland			4. USUAL RESIDEN		ased lived, I COUNTY	lf institution; res before a	sidence admission)
	FULL NAME OF	(If not in hosp	ital or institu	tion, give street address or	c. CITY OR TOWN	(TC4-12		nits, write RURA	
				or the Aged action)		(11 outside et	orporate im		township
-	20	2211 W. Rc	gers Av		Baltimore		61-	10	
C.	Length of stay	v in Baltimore		Yrs. Mos. Days	2211 W. Roge		e location)		
		COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE			Juder 24 Hours
	female	white	sing		May 26, 187;	3 77		Months Days Ho	urs Min.
	A. USUAL OCCU done during most of wo			D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign cou	ntry)	12. CITIZEN WHAT CO	
-	_				Maryland				
13	FATHER'S NAM	ME		,	14. MOTHER'S MAI	DEN NAME			. /
	George Wi	lliam Moos			Susanna Rehe	acca Clark			//
15	. WAS DECEASED	EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
(10	s, no or unknown)	(11 300' BILO MET OF GE	dell of service)	SECURITY NO.	Man Mania E	Diamba	0017	70	
	110	4 1/		CALLET	Mrs. Mamie E	risher_	7711	W. Rogers	BETWEEN
									ND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)								
	(This does no	ot mean the mode	of dying, e.		- rusum	een	-ore	eaba	ay
	injury or co	asthenia, etc. It m implication which	caused deat	h.) DUE TO					/
	ANTECEDENT CAUSES								
Z				(B)	************************************		*****		**************
RTIFICATION	RISE TO THE	R CONDITIONS, ABOVE CAUSE (A NG CONDITION) STATING T	NG HE DUE TO					
15									
=		H		(C)			••••••		
ER	TRIBUTING T	NIFICANT CON O THE DEATH, BU EASE OR CONDITION	T NOT RELAT	TED .					
	19A. DATE OF			FINDINGS OF OPE	RATION			20. AUT	ropsy?
A		0						YES	NO Z
EDICA	21A. ACCIDENT	r. SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.,			imore City,	, give exact loca	
2	(15)		-> (***> 1	ALE IN HURY OCCUPE	RED 21F. HOW DID	INTURY OCCUR	22		
	OF INJURY	onth) (Day) (Yes	m.	WHILE AT NOT WHILE WORK AT WORK		INSORT OCCUP			
	22 7 7 7	410 47 4 7			200 / 1000	to June	/3 104	E / Abad I lan	t agan 4h
	22. I hereby	certify that I a	ttended the	e deceased from					
			Z 1950,	and that death occu	23B. ADDRESS	from the cause	es and on	1 23c. DATE	
	23A, SIGNATU	17/200	27m	vies M.D.	800W3>	rd sh		6-13	Austra
2	4A. BURIAL, CRE	EMA- 248. DATE		24c. NAME OF CEMETI	ERY OR CREMATORY	24D. LOCATION	(City, tow		(State)
TI	on REMOVAL (Spec	6/15/		Cedar Hill	Cem.	Balto.	Md.		
	ATE RECEIVED		R'S SIGNAT	YRE.	25 FUNERAL DIRE	CTOR	0.1	ADDRESS	1 .1
L	OCAL REGISTING		twenter	Nothinger 1863	3//m OC/8	3 / chen	ul V	sais &	alto

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correcting is especially important. Physicians: please write the causes of death clearly and legibly.

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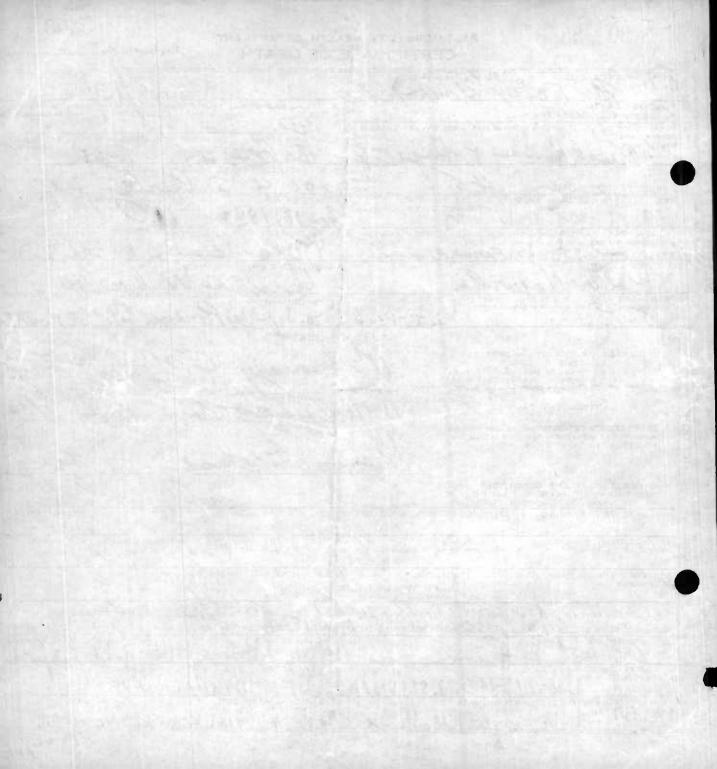
50 5307 BALTIMORE CITY HEALTH DEPARTMENT 5307 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE LOTTIE M. LYONS OF JUNE 12 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MARY LAND HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION 27 N MILTON AVE township) O. STREET ADDRESS (If rural, give location) 45YRS Mos. c. Length of stay in Baltimore 27 N MILTON AVE Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min FEMALE WHITE WIDOWED JUNE 22 1871 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? AT HOME HOUSE WORK. MARY LAND U.S.A. WILLIAM E. LYONS SOPHIE NUTWELL 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. HARRY H LLYONS 27 NMILTON AVE CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-218, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from_ _, 19__, to_ __, 19___, that I last saw the deceased alive on 2. and that death occurred at_ _m. from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE GALESUILLE, MO BURIAL KER CEMETERY DATE RECEIVED BY LOCAL REGISTRAR 1800 E LOMB ARD ST.

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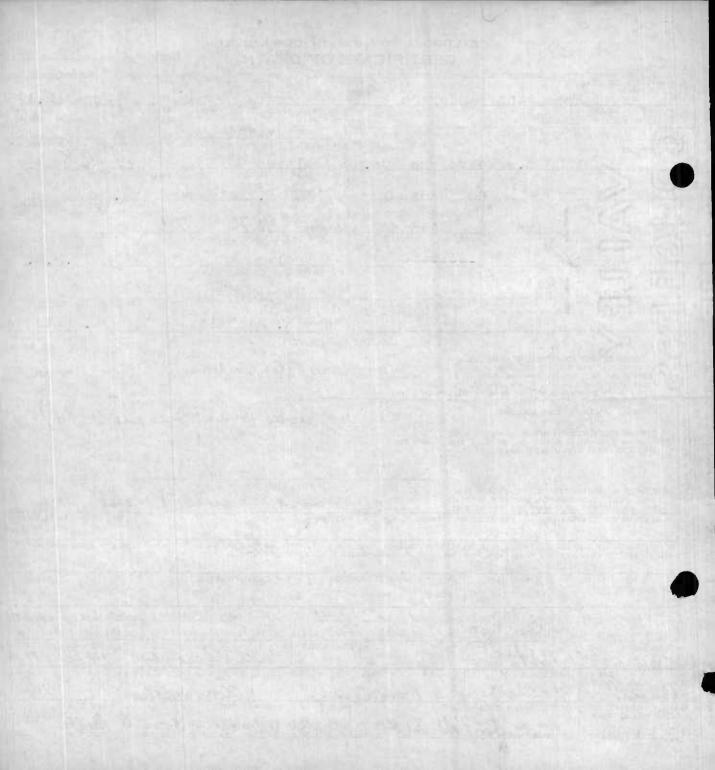
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Physicians:



50 5309 BALTIMORE CITY HEALTH DEPARTMENT 5303 Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE OF Anderson June 12,1950 Rose Ann DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Belvedere Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 7. SINGLE, MARRIED 1309 F. Belvedere Ave. 8. DATE OF BIRTH | 9. AGE (in years | | Under | Yesr Days 9. AGE (In years II Under I Year II Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify White Widowed 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife Ireland 14. MOTHER'S MAIDEN NAME Unknown John Clark 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mary K. Eicholtz 1309 E. Belveder INTERVAL BETWEEN CAUSE OF DEATH 20,0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONue vascular Desease Indefu TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS **OF** OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? DE INJURY AT WORK WORK 22. I hereby certify that I attended the deceased from 8 June 1950 to 12 July 1950 that I last saw the depeased alive on 17 July 1950, and that death occurred at 11:10 Pm. from the causes and on the date stated above. 23C. DATE SIGNED 23A. SISNATURE 126/ E. Belvedere Clive 14 James 24C. NAME OF CEMETERY OR CREMATORY I 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR 3000 € And the state of t VS 150



E-420 5310 50 5310 BALTIMORE CITY HEALTH DEPARTMENT Registered No.___ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) PAIRICI OF 6-12-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C CITY OR TOWN (If outside corporate limits, write RURAL and give lowson SI. BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. M Length of stay in Baltimore lowson Daws 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 8-8-79 WISOWED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY? CLERK RETIEEd ENGLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PAIRICK V. WELS4 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 215-05-5373 1443 100 Sow 31 18. 4 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cononary Cuescus (This does not mean the mode of dying, e.g., 20 MIN heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) allered Accessors of Hyperlandon DUE TO ANTECEDENT CAUSES 2 40041 mgo cardial Scorus DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Chrose Islandelias Reptines UNDERLYING CONDITION LAST. Ē OTHER SIGNIFICANT CONDITIONS CON-Monde TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK Leag 30 19 50 to Reace 12, 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 1950, and that death occurred at 5 Q. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 6-13-50 2878 Harford My 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 6-13-50 FRONORICK NEW CALLEDERAL COM BURIAL

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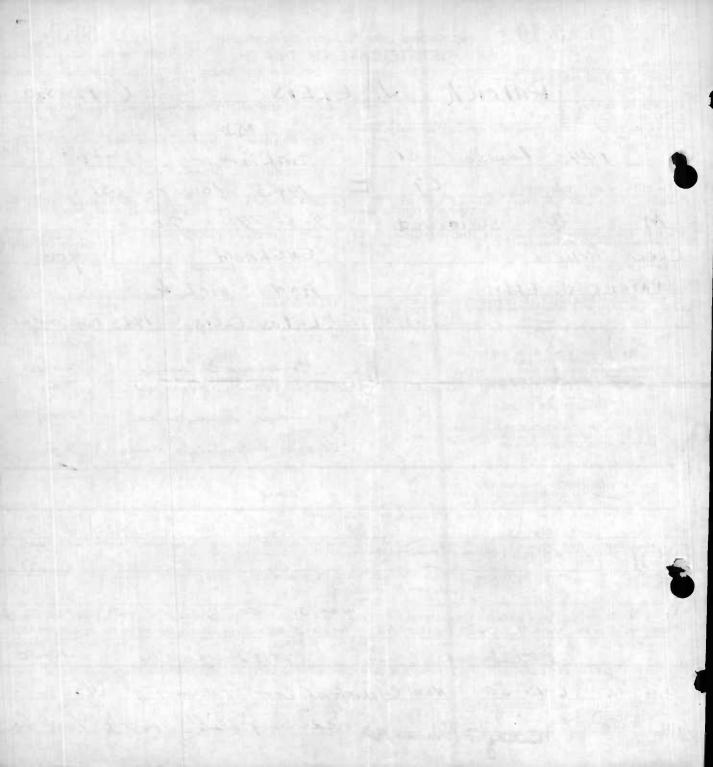
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25. FUNERAL DIRECTOR



CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERisscherte Heart Disease Years

Chronic MYOLARDOTTS AND

(A) MYOCARDIAL DEGENERATION

Generalized Arteriosclerisis

INJURY OCCUR?

OTHER SIGNIFICANT CONDITIONS CON-

21A. ACCIDENT, SUICIDE,

HOMICIDE (Specify)

18.

TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21c. WHERE DID

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour)

NOT WHILE

22. I hereby certify that I attended the deceased from 7 June 13, 1950, that I last saw the deceased alive on June 13, 1950, and that death occurred at 5-15 Pm., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED

24A BURIAY, CREMA- 24B. DATE

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INTERVAL RETWEEN

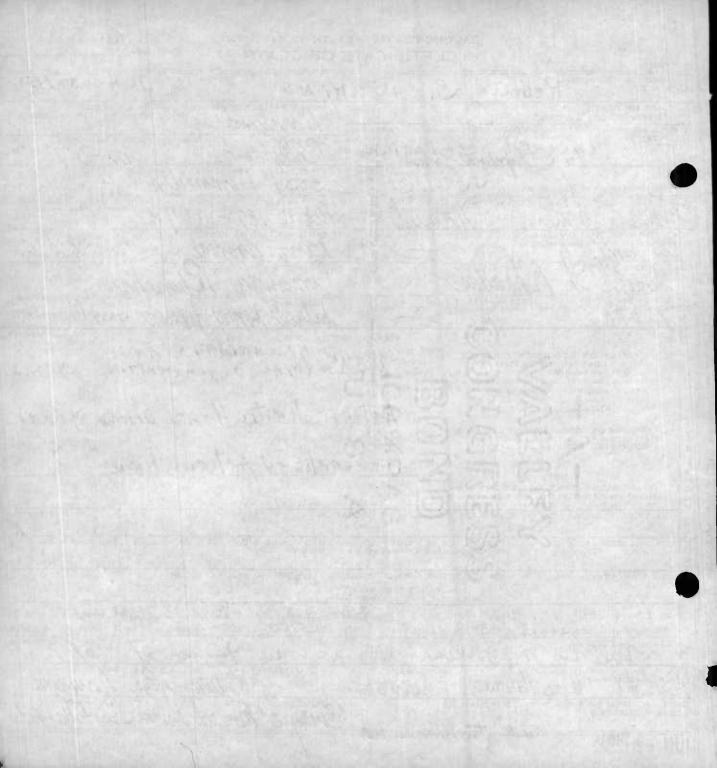
ONSET AND GEATH

20. AUTOPSY

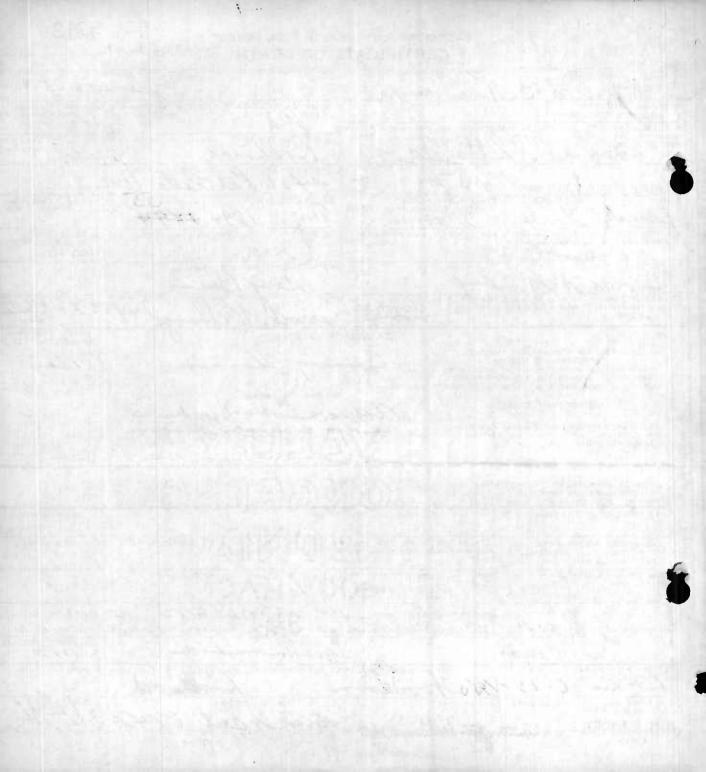
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35 FUNERAL DIRECTOR

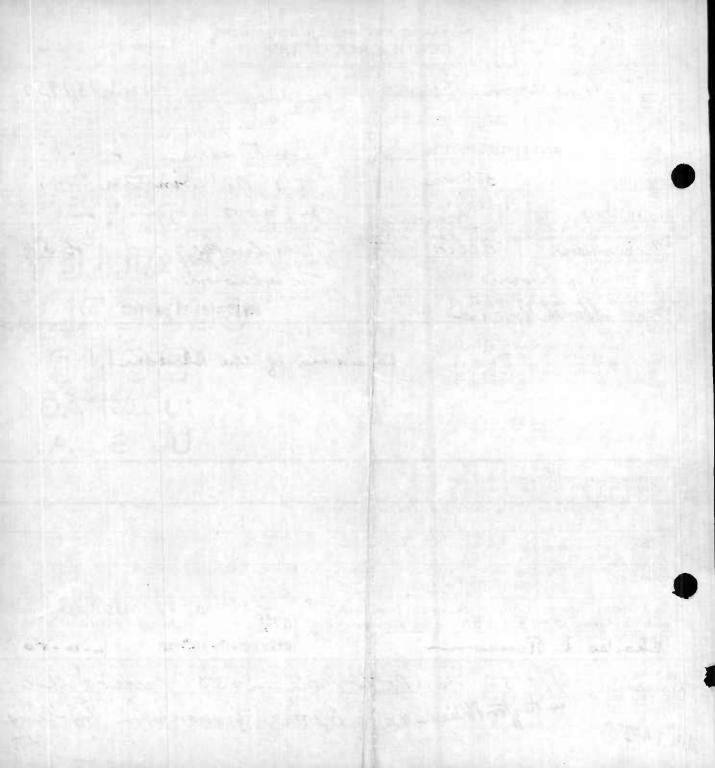
(If in Baltimore City, give exact location)



50 - 5312BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DEGEASED 2. DATE DEATH cine/2.53 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deepased lived, If institution: residence D. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION allemore. D. STREET ADDRESS (Li rurel) give location Yrs. Mos. aa Ilako Length of stay in Baltimore Days 7. SINGUE, MARRIED, WIDOWED, DIVORCED (Specify) 5-SEX 6. COLOR PRACE Il Under I Year 9. AGE (II yours Months: Days Hours Min. Married 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if etired) INDUSTRY US & rouse wife 13. FATHER'S NAME 14. MOTHER'S MAIDENLNAME Jurus 15. WAS DECEASED EVER IN U. S. ARMED FORCAST (Yee, no or unknown) (If yee, give war or dates of service) 16, SOCIAL (Yes, no or unknown) SECURITY NO no 2202 18. INTERVAL BETWEEN CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE [WORK 1947, to 6/12, 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 6/11, 1950, and that death occurred at 11 52 m., from the causes and on the date stated above 23B. ADDRESS 23A. SIGNATURE 23¢. DATE SIGNED 2902 Huntingdon Que. ersa 6/13/50 24A. BURIAL. CREMA-TION, KEMOVAL (Specify) 24CANAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Lucia DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 word of the second second second



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R-200 5313		EALTH DEPARTMENT		
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered 1	No
1. NAME OF DECEASED (Type or Print)	Russen		2. DATE OF DEATH	13,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	0	4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution : residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	stitution, give street address o location		If outside corporate limi	ts, write RURAL and give
33 JOHNS HOPKINS		Bultim	mo 7	-0-06 township)
Length of stay in Baltimore 5	Oyr. Mos.	D. STREET ADDRESS (I	f rural, give location)	
5. SEX 6. COLOR DR RACE 7. SI	Days NGLE, MARRIED, IDOWED, DIVORCED, (Specify	8. DATE OF BIRTH		ff Under 1 Year li Under 24 Hours
male White	Many-med (Specify	1-29-78	71	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
13. FATHER'S NAME	aero. 6 mg	14. MOTHER'S MAJDEN	AME	ask
Muknown		Unknow		
15. WAS DECEASED EVER IN U. S. ARMED FORC	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT	OPKINS HOSPITAL A	DDRESS
V18. / § / ×	CAUSE	OF DEATH	UI KING HUGI ((A)	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC				DNSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the	g, e.g., (A) Cara	noma of the	bladden	
injury or complication which caused	death.) DUE TO			
ANTECEDENT CAUSES	(8)			TAG
DISEASES OR CONDITIONS, IF ANY,				
UNDERLYING CONDITION LAST.	(C)		•••••	
II II				
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R	ELATED			
TO THE DISEASE OR CONDITION CAUS	AJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
CAI	. BLACE OF INTERPLA	the Late Wilene Dip	/Ic in Distance City	YES NO
	bome, farm, factory, street, office bldg.		(If in Baitimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 21E. INJURY OCCURE	RED 21F. HOW DID INJUR	RY OCCUR?	
OF INJURY	m. WHILE AT NOT WHILE		N LOUSE W	
22. I hereby certify that I attended		6 - 8 , 1950, to_	6-13,195	Q , that I last saw th he date stated above
deceased alive on 4-13, 19	20. and that death occu	rred at 10 79 m., from 238. ADDRESS	the causes and on t	he date stated above
Charles L. Rana	M. D.	10HNS HOPKINS	S HOSPITAT	6-14-50
24A. BURIAL, CREMA- 24B/DATE TION, REMOVAL (Specify)	24c. NAME OF CEMET	h 411 -	LOCATION (City, town	or coupty) (State)
DATE RECEIVED BY REGISTRAR'S SIG	NATURE BALLE	1 25. FUNERAL DIRECTOR	01 Tride	ADDRESS,
LOCAL REGISTRAR	Vollinger -	Anha At	man dela	29,000
IN 1-4 1950	ATT STATE OF THE PROPERTY OF THE PARTY OF TH	ya un y er	were Ayou	A. A.
JUN '	64	00 98	5	23



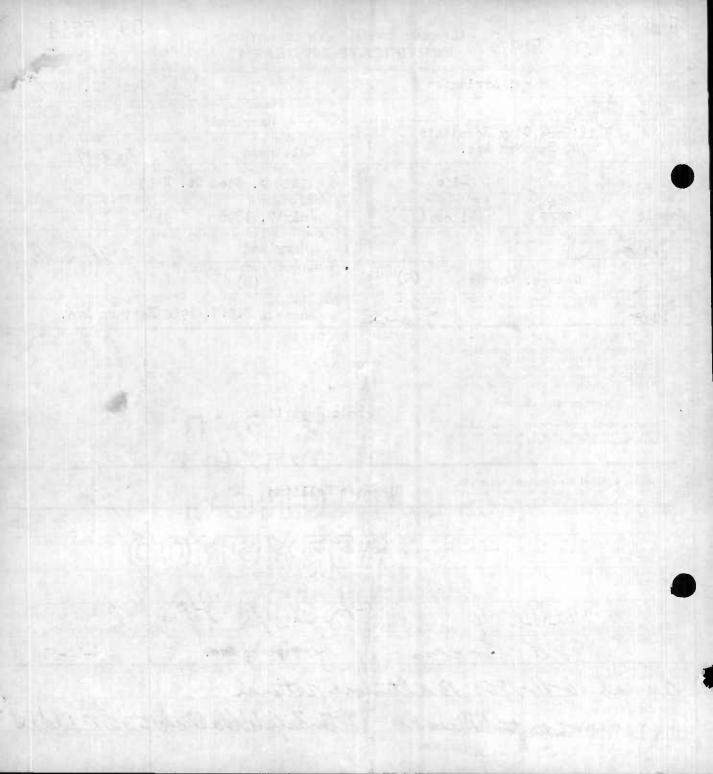
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25. FUNERAL DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



1	9 50	5315	BALTI	MORE CITY HI	EALTH DEPARTME	UC	5315
B	IRTH NO.				E OF DEATH	Registered :	No.
1.	NAME OF E	DECEASED GR	PEITH	, CLAIT	2 REED	2. DATE OF DEATH	JUNE 1950
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE	E (Where deceased lived, It	f institution : residence before admission
В.	FULL NAME	OF (If not in hospit FRANKLIN SO	al or institution, URPE Ho	serret address or Serral	C. CITY OR TOWN BALTIMOR	(lf outside corporate limi	its, write RURAL and giv
	5 6			Yrs.	D. STREET ADDRESS		7-02
		stay in Baltimore		Mos. Days	1401 W.F	AYETTE S	T.
)	SEX MAL	6. COLOR OR RACE	MIDONE	DIVORCED (Specify)	Oct. 26, 187	last birthday) M	ff Under 1 Year H Under 24 Hours on this Days Hours Min
worl	done during most	CUPATION (Give kind of of working life, even if retired)	RETIRE	BUSINESS OR INDUSTRY	LENN B.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13	CHARL	LES GRIFFI	TH		14. MOTHER'S MAIDE		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES? 16	S. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
. CERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERLY OTHER STRIBUTION TO THE DECEMBER 1 TRIBUTION TO THE DECEMB	SE OR CONDITION LEADING TO DEA'S not mean the mode cure, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	ITH of dying. e. g., ns the disease, saused death.) BES F ANY, GIVING STATING THE ST. TIONS CON- NOT RELATED CAUSING IT.	(A) MNOCO	ALIZED ARTER	.80515 .815-	INTERVAL BETWEE ONSET AND DEAT //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2 &. //2
EDICAL	21A. ACCIDI	ENT. SUICIDE.		OF INJURY (e.g., i		(If in Baltimore City,	yes No give exact location)
MEI	of injury	(Month) (Day) (Year) by certify that I att live on 13 and	(Hour) 21E while wo ended the dec	that death occur	ED 21F. HOW DID INJ	13 June, 195	that I last saw the date stated above 23c. DATE SIGNED
24 TIC	ON, REMOVAL	CREMA: 24B. DATE Specify; wall	0-50 7		RY OR CREMATORY 24	D. LOCATION (City, town	(State)
L	RECEIVE AT	1950	SUMBER	FIRE O	25. FUNERAL DIRECTO	Prinace	ADDRESS 94a
	VS 150		A STATE OF THE STA	The state of the s	5118 1	urgun Oo	le aux

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correctings is especially important. Physicians: please write the causes of death clearly and legibly.

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N-350 5316 50 - 5316BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Elizabeth Ruddy OF June 12, 1950 Marv 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3415 St. Ambrose Ave. township) Baltimore, D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore life 3415 St. Ambrose Ave., Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) female White Aug. 30, 1888 Widow 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) B. V.D. Garment Factory, WHAT COUNTRY? Inspector: Baltimore. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lemuel Miles Annie Sands. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) 216-28-2282 Francis C. Ruddy, 2429 St. Paul St. no INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH HYPERTENSIVE CARDID VASCULAR DISCASE 1 year (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO CEREBRAL HEMORRHAGE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! AT WORK Clug 28, 1914/to June 12, 1950, that I last saw the 22. I hereby certify that I attended the deceased from.

especially

LOCAL REGISTRAR

Jan 10, 19 50, and that death occurred at 6:45 Pm., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23A. SIGNATURE 4603 Park Heights Ave. 24B, DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) burial Cathedral Cemetery Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS

Lancman. 4611 Park Heights Ave.

23c. DATE SIGNED

Letter in document file 50-5316 - 6/16/50.

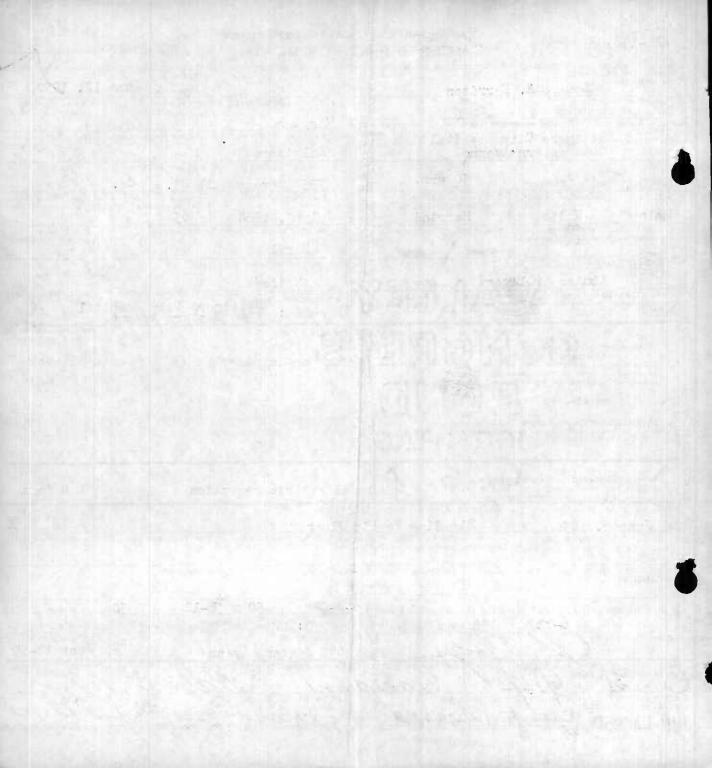
BALTIMORE CITY HEALTH DEPARTMENT

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50 5317

REA_138588 FOAM	tered No.
BIRTH NO. CERTIFICATE OF DEATH Regis	tered No.
1. NAME OF DECEASED (Type or Print) 2. DATE	
Lowery A. Harrison DEATH	June 12, 1950
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland) 4. USUAL RESIDENCE (Where deceased a. STATE B. COU Maryland)	
HOCDITAL OD	ate limits, write RURAL and give
4940 Eastern Avenue Baltimore	township)
Yrs. D. STREET ADDRESS (If rural, give loca	tion)
Length of stay in Baltimore 50 yrs. Mos. 7350 German Hill Rd.	Co. 5 900
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (IN)	years If Under 1 Year If Under 24 Hours
Male White Married Specify July 3, 1884 65	day) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	
Work done during most of working life, even if retired) Naryland	WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	4 4
Aluier (Oliver) Malissa	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, oo or unknown) (If you, give war or dates of service) 16. SOCIAL SECURITY NO. Records: 4940 Eastern Ar	Hospital Venue
18. 540.0 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONDE! AND DANIE
(This does not mean the mode of dying, e.g.,	l week
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OF CONDITIONS IS AN ARMADIAN (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED Sub total gastric resection to the disease or condition causing it.	4 days
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 8, 1950 Bleeding Peptic Ulcer	YES NO X
June 8, 1950 Bleeding Peptic Ulcer 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH Bleeding Peptic Ulcer 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH	e City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY Th. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 6-4, 1950, to 6-12	1050 that I last any th
deceased alive on 6-12, 1950, and that death occurred at 3:302 m., from the causes an	
23a. SIGNATURE 23b. ADDRESS	23c. DATE SIGNED
M.D. 4940 Eastern Avenue	June 12-50
BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Cit	ty, town, or county) (State)
100, REMOVAL (Specify) 6/15/56 Qaklawn 24b. LOCATION (City)	S, nd
DATE RECEIVED BY REGISTRAR'S SIGNATURE 240. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City of the control o	(State)

correcting is especially important. Physicians: please write the causes of death clearly and legibly.



В	1=- 3/16		EALTH DEPARTMENT E OF DEATH	50 5. Registered No.	318
3.	NAME OF DECEASED KATHENINE	Guther	4. USUAL RESIDENCE (W	2. DATE OF DEATH JUN 1	2 1950
B.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution OSPITAL OR ISTITUTION WHAT HOPKINS HOSPITAL	, give street address or location)	A. STATE Md	B. COUNTY	before admission
0	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (II	rural sive location)	0.0
1	emale white W.	DIVORCED (Specify)	8-13-86	las bi hday) Mont	der I Year he Daye Hours Min
WOT.	k done during most of working life, even if retired) 3. FATHER'S NAME	F BUSINESS OR INDUSTRY	England 14. MOTAER'S MAIDEN NA		2, CITIZEN OF WHAT COUNTRY
15		6. SOCIAL	17. INFORMANT		DRESS
(10	s, oo or unkoown) (If yes, give war or dates of service)	SECURITY NO.	JOHNS HOPKINS		, KL35
CERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO (C)			
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
CAL	19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	ATION		YES NO
MEDIC	LYING OR CONTRIBUTING about home, farm	OF INJURY (e. g., ii ,factory,street,office bldg.,	NJURY OCCUR?	f in Baltimore City, give	e exact location)
	OF INJURY MHI	LE AT NOT WHILE AT WORK			
	23A. SIGNATURE H. ans	d that death occur	red at 630 Am., from the 38. ADDRESS HOPKINS HO	he causes and on the	date stated above 23c. DATE SIGNED
L'ON STA	ATÉ RÉCEIVED BY REGISTRAR'S SIGNATURE	personal of	Semen 240. LO	Salt The Sant Hall	DDRESS LA.
Jt	N Vs 458990	· 自己等為中國公司	0	//	48a

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BIRTH NO.			TIMORE CITY H		_	egistered No)
1. NAME OF D (Type or Print)	ECEASED				2. DA		40 400
		Min	mie E. Sca		DEA	TH DUILE	13,1950
A. Baltimore C	EATH: City, Maryland			A. STATE		eased lived. If in COUNTY	nstitution : residence before admission
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institution	on, give street address or location		ryland	aumanata liada	
INSTITUTION &	2 North	, A	ve	Ba	lt imore	9-0	write RURAL and give township
T an ath af a	Association Della	Т.:	ife Yrs.	81	RESS (If rural, giv		
5. SEX	tay in Baltimore 6.COLOR OR RACE	7. SINGLE	Days	8. DATE OF BIR			nder 1 Year If Under 24 Hour
Female	White		ED, DIVORCED (Specify)	About	last	birthday) Mont	
10A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE	(State or foreign cou	intry) 1	2. CITIZEN OF
	of working life, even if retired)		INDUSTRY		imore. Md.		WHAT COUNTRY
13. FATHER'S N				14. MOTHER'S			
	Benjamin	J. Sm:	ith	Mary	Jane Wil	Lsey	
15. WAS DECEASE Yes, no or unknown)	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			DRESS
tow, no or unandown)	(an your Baro was or dueon	or survice)	SECURITY NO.	Mrs.Marv	S. Arther	816 E.	North ve
RISE TO THE UNDERLY	GOR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT	STATING THE ST. TIONS CON-	(C)	Enile	Levion	lross	18
TO THE DI	SEASE OR CONDITION						
19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPE	RATION			20. AUTOPSY?
21A. ACCID	ENT WAS UNDER-		CE OF INJURY (e. g., rm, factory, street, office bldg.,			imore City, giv	ve exact location)
21D. TIME (OF INJURY	(Month) (Day) (Year)	w	TE. INJURY OCCURRENT NOT WHILE WORK AT WORK		ID INJURY OCCU	₹?	
	y certify that I att				m., from the cause		that I last saw to date stated abov
23A. SIGNAT	Strong	1.W	tell M.D.	3869 C	besumont	de .	23c. DATE SIGNED
24A. BURIAL, C		2	4C. NAME OF CEMETE		RY 24D. LOCATION	(City, town, o	or county) (State
Burial	6/16/	50	Cathedr			imore, 1	
DATE RECEIVE		S SIGNATUI	- (M//C) 1 0	La La	ears Phos	Son 80:	5 Maluerta
TN 1 4 195	9	-	- Theliania M.	3 3 4			0-5

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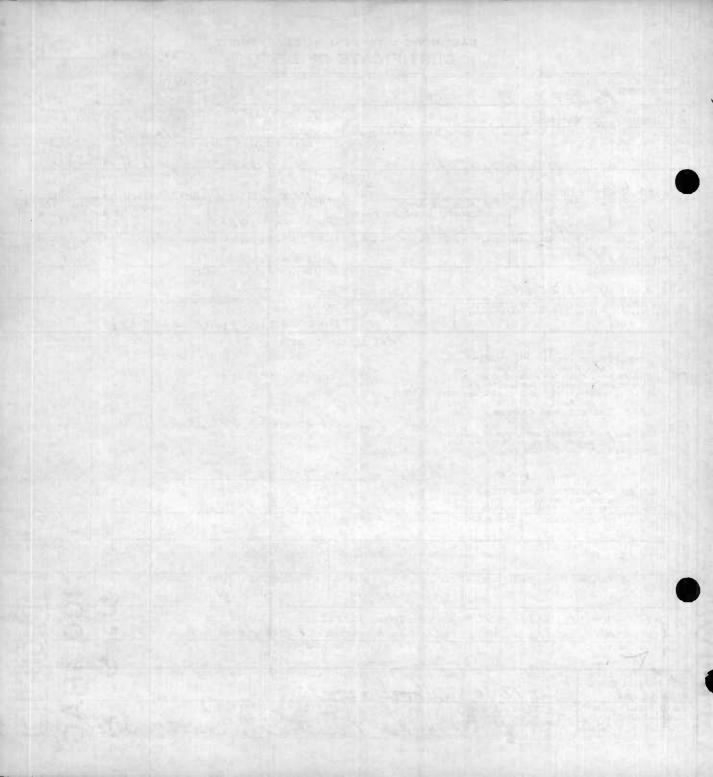
1,50 CERTIFICATE CORRECTED	6-19-50
5391 BALTIMORE CITY HE	EALTH DEPARTMENT \$50 5321
BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) AARBARET BREEN	2. DATE, OF DEATH 4/15/56
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION Med. Gent goof	westmenster med. township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
of w. married	may 2 4 1910 last birthday) Months Days Hours Min.
work dooe during most of working life, even if retired)	11. BIFTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
arthur arbanch	Grace Mc. Ougur
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or ucknowo) (If yes, give war or dates of dervice) SECURITY NO.	17. INFORMANT
19 / 53 V	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	accusinatores
injury or complication which caused death.) DUE TO	. 12
Z ANTECEDENT CAUSES	scensid a of Banel
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
(c)	
F CONTRACTOR	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO TO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (8.8.1	o or 21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	
OF INJURY OCCURR OF INJURY OF INJURY OF INJURY OF INJURY OF WHILE AT NOT WHILE	
m. WORK AT WORK	16/50, 19 to 4/15, 1950, that I last saw th
deceased aline on (all 5 19) and that death occur	rred at 175 am from the causes and on the date stated above
23A. SIGNATURE & Commence	23B. ADDRESS Swill Horys 23c. DATE SUNED
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE	
Laureal Jame 1,50 Walnussel	a Genetery Westmenter, mid.
I LOCAL REGISTRAP OF F	25. FUNERAL DIRECTOR ADDRESS
	in a landers. D. new million
1161	2 4/ E M.
	CERTIFICAT BIRTH NO. I. NAME OF DECEASED (Type or Print) S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) Work dooeduring most of working life, aveo if retired) STATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yee, no or unknown) 18. J. J. SAMED FORCES? (Yee, no or unknown) 18. J. J. SAMED FORCES? (If yes, give war or dates of Acritics) 18. J. J. SAMED FORCES? (Yee, no or unknown) 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or compilication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION AUSTROLE, and the deceased from LAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 211. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE 212. I hereby certify that I attended the deceased from Marked Counce, are faced, steel office blde. AT WORK 22. I hereby certify that I attended the deceased from Marked Counce, are faced, steel office blde. M. D. 224. BURIAL, CREMA, AT, DATE 19. D. and that death occur 234. SIGNATURE M. D. 244. NAME OF CEMETE NOW WHILE AT NOT WHILE WORK M. D. 244. BURIAL, CREMA, AT, DATE 19. D. and that death occur 19. D. and that death occur 244. NAME OF CEMETE 110. REMOVAL (Specify) M. D. 244. BURIAL, CREMA, AT, DATE 19. D. ANAMED FORCES? 19. D. and that death occur 19. D. ANAMED FORCES? 19. D. and that death occur

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	It skital h) spose BALTIMORE CITY H	EALTH DEPARTMENT	0 5322
	IRTH NO 50-10613 CERTIFICAT	E OF DEATH Registered No	OGEL
1	NAME OF DECEASED Type or Print)	2. DATE OF DEATH	-1-1060
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If in	nstitution: residence before admission)
F	FULL NAME OF (If not in hospital or institution, give street address o OSPITAL OR HOLLS MUSELL OR location NSTITUTION		Write RURAL and vive
	NSTITUTION COLD RUPLING NUMPETE	Colen Burnie	township)
	Yrs. Mos. Length of stay in Baltimore		au
	. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) It U	nder 1 fear 1 Under 24 Hours
. 11_	male Coloned Smale,	5-66-50	ths Days Hours Min.
wo	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY)	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME .	14. MOTHER'S MAIDEN NAME	
-	5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	Sylved Mars	
(Y	ee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMS NO PELINS HOSPITAL AD	DRESS
	18. 768, 5 1 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Prematinit	1
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Premalerity	11 days
NOIL	ANTECEDENT CAUSES	Sonting	ul
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	sepuelitia	Talys
111111111111111111111111111111111111111	UNDERLYING CONDITION LAST.		
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CERTIFICA	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		,
1	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE		20. AUTOPSY7
DICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. g.,		YES NO L
MEDICAL	LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.	,etc.) INJURY OCCUR?	
	OF INJURY (Month) (Day) (Year) (Hour) 2 ie. INJURY OCCURE WHILE AT NOT WHILE		
	m. WORK AT WORK		
	, 13 d. and that death occu	5-26, 150, to 6-6, 1950, arred at 1120 m., from the causes and on the	that I last saw the date stated above.
	23A. SIGNATURE	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED
2	,	ERY OF CREMATORY 24D. LOCATION (City, town, o	r county) (State)
	1 Tosp- We	sporal	
	OCAL REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) ROBERT B. EVERD DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Baltimore HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION ST. JOSEPH'S HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. 36/9 / Ceystone Tyrenne

8. DATE OF BIRTH 9. AGE (In years | H Under I Year | H Under I Year | Hours | Months | Dnys | Hours | Min. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE FEB 10, 1901 MACRICIA 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? CARPENTER U.S. MARYLAND. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN H. EYERD ELIZABETH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. DOROTHY M. EYERD. - 3619 KEYSTONE AVE. 80 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Caremone Tos (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 5-5-50, 19, to 6-15-5 , 19, that I last saw the deceased alive on 5-15-579, and that death occurred at 1:100.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE -24A. BURIAL, CREMA- 14B. DATE TION, REMOVAL Appecity H. Modales. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) une // 25. FUNERAL DIRECTOR ADDRES DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150 ~~~ 大阪部分が高いないのではない。



50 - 5324BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE MRS. ELIZABETH. F (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN If outside corporate limits, write RURAL and give (Township) Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) marries 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewest 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THERINE , OCHROEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH luce (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR SINDINGS OF OFFERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. CCIDENT WAS UNDER-LYING OR CONTRIBUTING (If in Baltimore City, give exact location) INJURY OCCUR? about home, ferm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from May 31 19 30 to ture _, 19___, that I last saw the ., 1950, and that death occurred at 11 m., from the causes and on the date stated above. deceased alive on 1 une 13 23A. SIGNATURE 238. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMA- 248. DATE TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRATE VS 150 ALL STREET, WASHINGTON, W.

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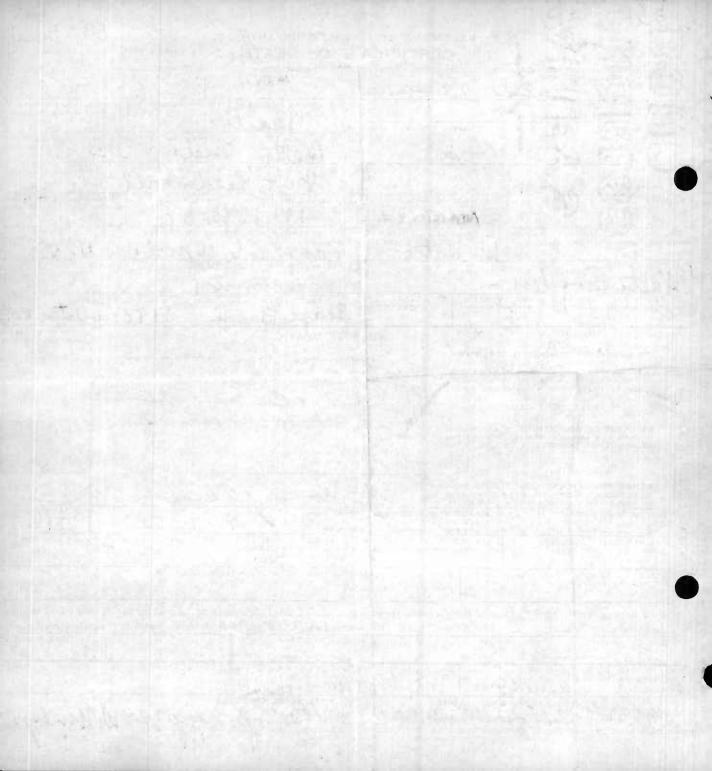
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED If Under 1 Year CALL KILLS (Specify) last birthday) Months Days Hours Min. 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER 1 U. S. ARMED FORCES?
(Yes, no or unknown) (If yee, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONatemplate C.VIC TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE 1950, to 6-13 , 1950, that I last saw the 32. I hereby certify that I attended the deceased from_ deceased alive on 6 - 13, 1920, and that death occurred at 203 pm., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURTAL, CREMA-TION, REMOVAL (Specify) OR CREMATORY | 24D. LOCATION (City, town, or county) Duncel DATE RECEIVED BY 75 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS VS 150

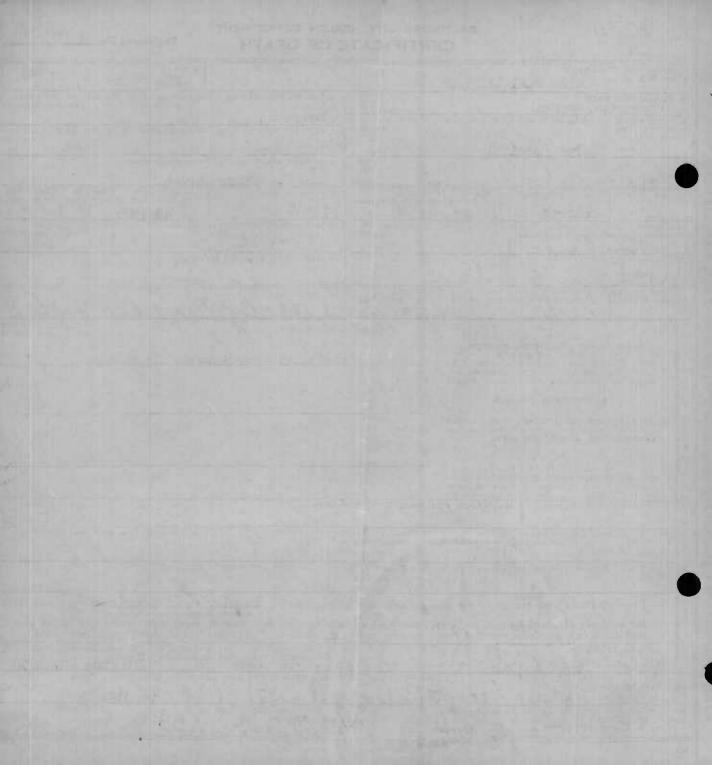


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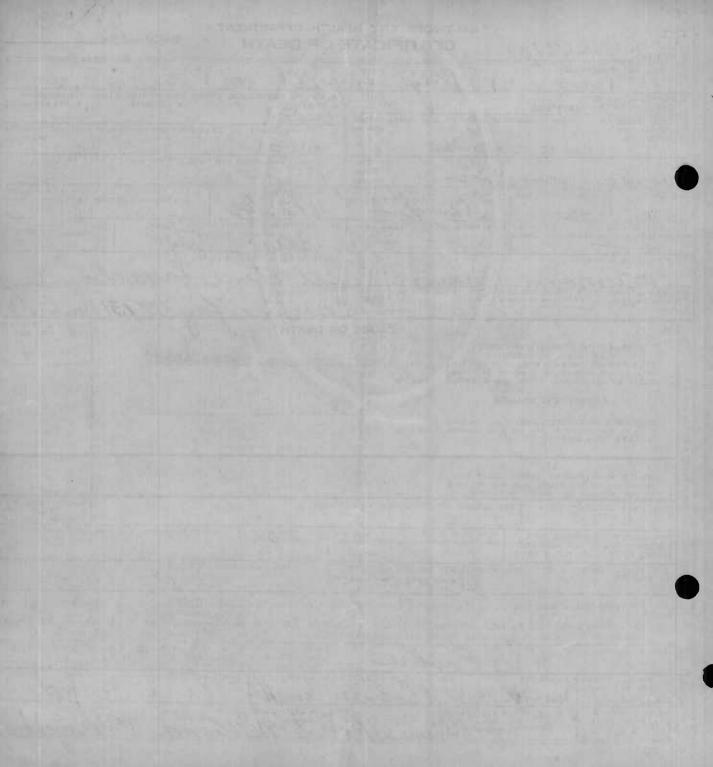
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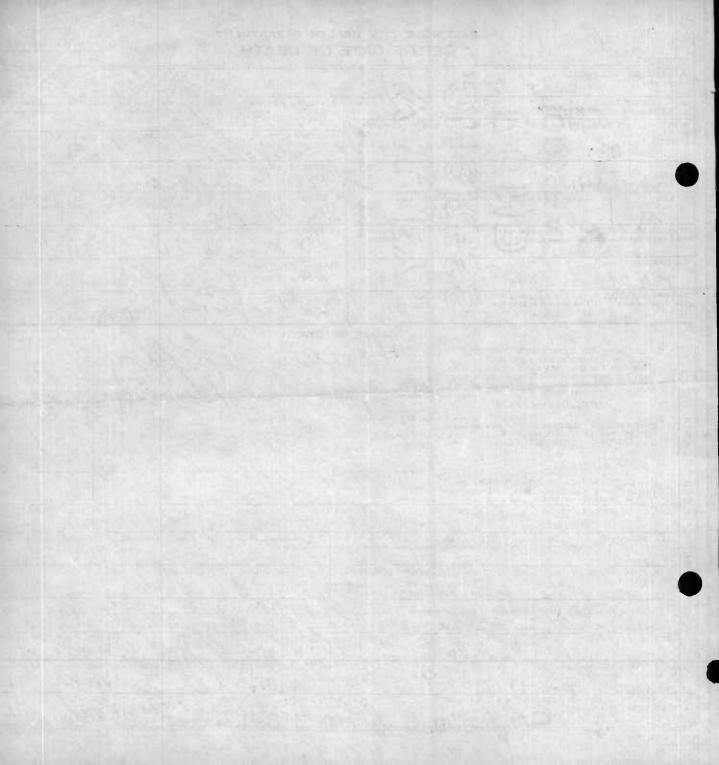
Registered No CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF June 12, 1950 JOSEPH MCKINLEY LEE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Mercy Hospital Balt.imore Yrs. D. STREET ADDRESS (If rural, give location) Mog. Length of stay in Baltimore 118 N. Exeter Street Days 9. AGE (In years if Under I Year lif Under 24 Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVOROED (Specify) colored male marriel 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY a Sabar 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO AL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., io or PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection of Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\overline{\omega} \), accident \(\opi \), suicide \(\opi \), homicide \(\opi \), undetermined \(\opi \). 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER June 13. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 01/5/3



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L	400	BALTIMORE CITY H	EALTH DEPARTMENT		5328
15	IRTH NO. 32891-46137	CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF DECEASED	.1 7	00	2. DATE	
	Type or Print) (GEORGE SAYALL)	George to	yall (MP)	DEATH June	
	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE (W	B. COUNTY	before admission
H	OSPITAL OR	itution, give street address of location		outside corporate limits, w	rite RURAL and giv
11	Johns Hopkins Ho	spital	Baltimore	10-1	2 township
	0.1	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	Length of stay in Baltimore	Days GLE, MARRIED	713 Harford Ave		er 1 Year If Under 24 Hours
	/ WID	OWED, DIVORCED (Specify	4/21/41	last birthday) Month	
	DA. USUAL OCCUPATION (Givekindel 10B. K	IND OF BUSINESS OR	11. BYRTHPLACE (State or fo	reign country 12	CITIZEN OF WHAT COUNTRY
wo	k done during most of working life, even if retired)	INDUSTRY	Ballo	City	WHAT COUNTRY
1	3. FATHER'S NAME		14 MOTHER'S MAIDEN N	7 . 00	2
-	5. WAS DECEASED EVER IN U. S. ARMED FORCES	16. SOCIAL	17. INFORMANT	- fayall	RESS .
	(If yes, give war or dates of service	SECURITY NO.	Colestino Z	Jan 11731	Harloch
	18. 197 V	CAUSE	OF DEATH	Jana 192	INTERVAL BETWEE
	DISEASE OR CONDITION DIRECT				ONGE! AND DEA!
	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e.g., (A) Rhabde	omyosarcoma, meta	static	
	injury or complication which caused d	leath.) DUE TO			
	ANTECEDENT CAUSES	(B)			
NOI F	DISEASES OR CONDITIONS, IF ANY, G	SIVING			
TA TA	UNDERLYING CONDITION LAST.	(c)			
RTIFICA	II CONDITIONS				
R	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	LATED			
CE		OR FINDINGS OF OPE	RATION		20. AUTOPSY?
N S	210	PLACE OF INJURY (e. g.,	in or 21c. WHERE DID ()	If in Baltimore City, give	exact location)
	UNDERLYING OR CONTRIB-	ome, farm, factory, street, office bldg.			
ME	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJURY	Y OCCUR?	
	OF INJURY	m. WHILE AT NOT WHILE			
	22. I certify that I took charge of	the remains described	above, held an aut	Inspection or Inquiry	thereon and from
24	the evidence obtained by said A	lutopsy, Inspection or	Inquiry, find that said de	eceased died on the	day stated above
2	and death in my opinion results	ed from: natural cause	23B, CHIEF MEDICAL	EXAMINER 2 23C.	DATE SIGNED
3 _	1756	rober	ASSISTANT MEDICAL M.D. MEDICAL INVESTIGAT	OR	ine 13, 1950
	24A. BURIAL, CREMA 24B. DATE	24C. NAME OF CEMET	ERY OR CREMATORY 24D. L	CATION (City, town, or	county) (State)
	DATE RECEIVED BY REGISTRAR'S SIGN	ATURES	125 FUNERAL DIRECTOR	15-15-1 A	pokess
i i	OCAL REGISTRAR	No.	LETTEN SIL	amo Mell	derry ht
	/ S 151	The state of the s	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	1-6	= 0
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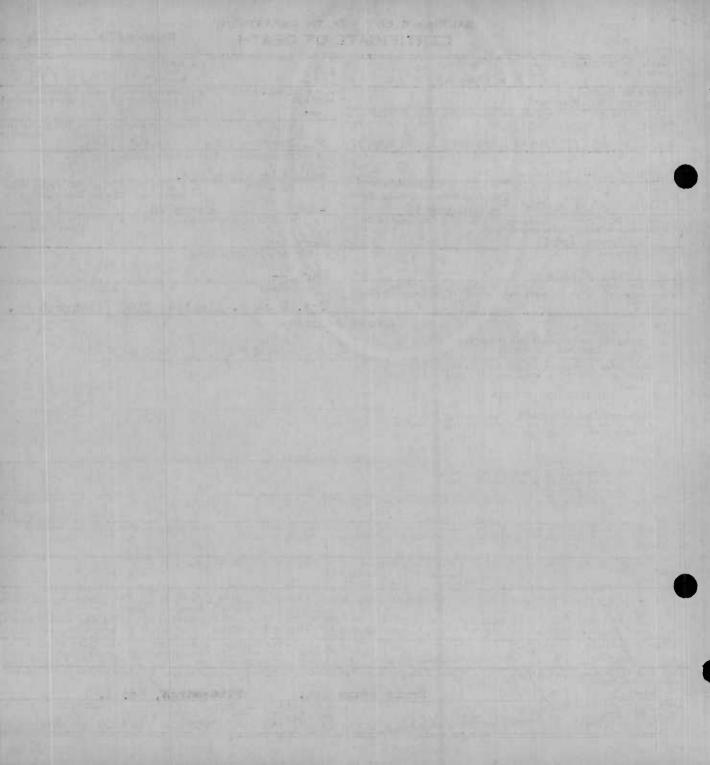
BALTIMORE CIT TH DEPARTMENT 5329 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEMBED (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence BCOUNTY A. Baltimore City, Maryland >2 (-A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE MARRIED 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR work done during work of working a year (fredred) 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? INDUSTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME OCC4 15. WAS DECEASED EVER IN U. S ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. YES NO 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE AT WORK . 1900, that I last saw the , 195 and that death occurred at 5 7 019 22. I hereby certify that I attended the deceased from_ Im., from the causes and on the date stated above. deceased alive on R 23c. DATE SIGNED 23A. SIGNATURE 246. LOCATION (City, town, or sounty) 24C. NAME OF CEMETERY OR CHEMATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specifix REGISTRAR'S SIGNATURE ADDRESS 25 FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR VS 150 4. A Company of the C



BALTIMORE CITY HEALTH DEPARTMENT 5330 CERTIFICATE OF DEATH Registered No BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) 6-14-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION lineon Yrs. D. STREET ADDRESS (If rural, give location) Mos. frell avenue Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 9. AGE (In years | It Under | Year last birthday) | Months! Days 24 6R- 66 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY dalean retail Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME beech Letitis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes no or nnknown) (If yes, give war or dates of service) SECURITY NO. no Mr. Hugh H. Trader. Jr. 2869 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 2 IA. ACCIDENT, SUICIDE. 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE , 1950, to June 14 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from. June 11, 1950, and that death occurred at 8 3 m., from the chases and on the date stated above. deceased alive on_ 23A, SIGNATURE 23 DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE ME OF CEMETERY OR CREMATORY 24D. LOCATION (Vity, town, or county) Burial 6/17/50 Balto. Moreland DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 A Company of the said of the said

Mary Tought . Trader, Cr. That many Emo Morning Vil cities in

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Hndten OF CIT DEATH V 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR location) DOA C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Genery Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mog. Length of stay in Baltimore Days 4012 Edmondson Ave. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last hirthday) | Months: Days | Hours ! Min. widowed about 76 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? unknown (rtd) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Nicklas Mary --15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes no or unknown) SECURITY NO Mrs. Rosa R. Nicklas 2506 Pinebrush Rd INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION important. 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. Ш 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WORK thercon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Y, accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 6/17/50 Burial Dronke Richard Core. Pittsburgh. DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE 196M RE 35 1950 VS 151



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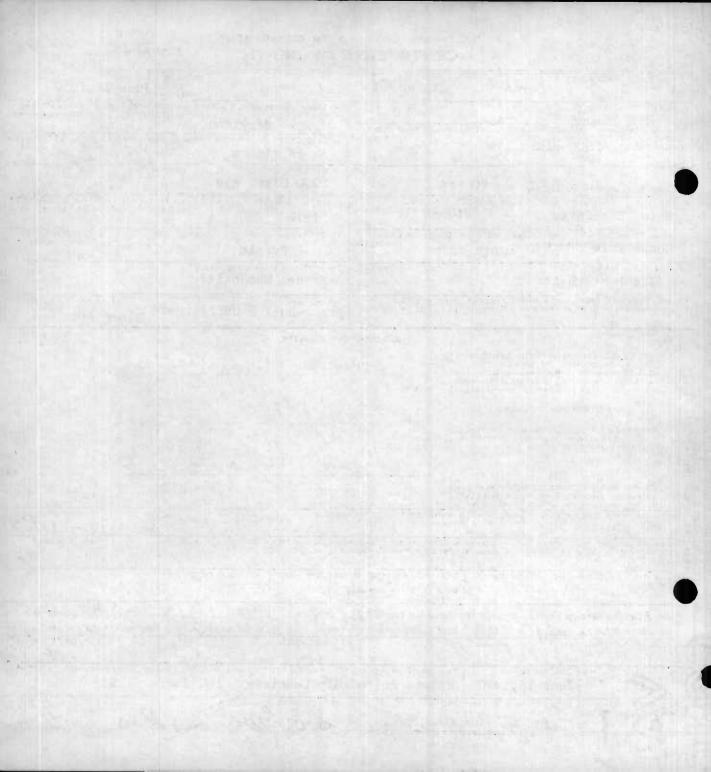
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BALTIMORE CITY HEALTH DEPARTMENT

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	CERTIFICAT	TE OF DEATH	Registered No	0	
	h Miller		OF June	14,1950	
City, Maryland		A. STATE	Where deceased lived, If in B. COUNTY	nstitution : residence before admission)	
	location			write RURAL and give township	
stay in Baltimore		2800 Illman Ave			
6.COLOR OR RACE White	7. SINGLE, MARRIED. WID WILD DIVORCED (Specif	B. DATE OF BIRTH	9. AGE (in years lift) last birthday) Mon	Index I Year II Under 24 Hours this Days Hours Min.	
CCUPATION (Give kind of		11. BIRTHPLACE (State or f Russia	oreign country)	USA.	
				ODA.	
SED EVER IN U.S. ARMEI	D FORCES? 16. SOCIAL SECURITY NO.	Mrs Semuel H Hof	fberger Ulman	DRESS 2800	
lure, asthenia, etc. It mes r complication which (ANTECEDENT CAUSE ES OR CONDITIONS, 1 THE ABOVE CAUSE (A)	the disease, caused death.) DUE TO SES F ANY, GIVING STATING THE DUE TO	iheles mlaiteris d	lerous		
NG TO THE DEATH, BUT					
OF OPERATION 0 1	98. MAJOR FINDINGS OF OPE		YES NO		
21A. ACCIDENT, SUICIDE, Control of the control of					
while at work 22. I hereby certify that I attended the deceased from 1, 19 1, to 3, 19 3, that I is deceased alive on 3, 19 3, and that death occurred at 1, m., from the causes and on the date st 23A. SIGNATURE 23B. ADDRESS 23C. DA					
CREMA- 248. DATE	24c. NAME OF CEMET	EDV OR CREMATORY 240 I	LOCATION (City, town, o	or county) (State)	
	City, Maryland City, Maryland Cof (If not in hospit 2800 Ulman Stay in Baltimore 6.COLOR OR RACE White CCUPATION (Give kind of Urcking life, even if retired) NAME Mankowitz SED EVER IN U. S. ARME (If yes, give war or date here, asthemia, etc. It mes r complication which ANTECEDENT CAUSE (A) LYING CONDITION L SIGNIFICANT COND NG TO THE DEATH, BUT DISEASE OR CONDITION L OF OPERATION I SIGNIFICANT COND OF OPERATION I OF OPERATION I OPENT, SUICIDE, (Specify) (Month) (Day) (Year) Coby certify that I attallive on A alive on A ATURE	DECEASED Sarah DEATH: City, Maryland OF (If not in hospital or institution, give street address and location of the property of the propert	Sarah DEATH: City, Maryland COF (If not in hospital or institution, give street address or location) 2800 Ulman Ave Stay in Baltimore 60 yrs Mos. 2800 Ulman Ave 1872 CCUPATION (Give kind of pays) 6. COLOR OR RACE White COUPATION (Give kind of pays) Stay in Baltimore 60 yrs Mos. 2800 Ulman Ave 1872 CCUPATION (Give kind of pays) Stay in Baltimore 60 yrs Mos. 2800 Ulman Ave 1872 1872 CCUPATION (Give kind of pays) Stay in Baltimore Own Home NAME Own Home 14. MOTHER'S MAIDEN N Rachel Mankowi 15. DECURITY NO. To Integramant Mrs Samuel H Hof CAUSE OF DEATH SECURITY NO. CAUSE OF DEATH SECURITY NO. ANTECEDENT CAUSES ES OR CONDITION DIRECTLY LEADING TO DEATH EN on the means the disease, recomplication which caused death.) DUE TO ANTECEDENT CAUSES ES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING THE UNING CONDITION LAST. (B) SIGNIFICANT CONDITIONS CON- NO TO THE DEATH, BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. SIGNIFICANT CONDITION CAUSING IT. (C) SIGNIFICANT CONDITION CAUSING IT. (C) SIGNIFICANT CONDITION CAUSING IT. (B) SIGNIFICANT CONDITION CAUSING IT. (C) SIGNIFICANT CONDITION CAUSING IT. (C) SIGNIFICANT CONDITION CAUSING IT. (D) SIGNIFICANT CONDITION CAUSING IT. (C) WHILE AT NOT WHILE AT WORK (Month) (Day) (Year) (Hour) (Month) (Day) (And that death occurred at Mosk MATTER (Month) (Day) (And that death occurred at Mosk MATTER (Month) (Day) (And that death occurred at Mosk MATTER (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Month)	DECEASED Sarah Miller 2. DATE OF OF June DEATH: City, Maryland FOR (If not in hospital or institution, give street address or 2800 Ulman Ave 2800 Ulman Ave 3. SINGLE, MARRIED. White C. CITY OR TOWN (If outside corporate limits. Baltimore) Stay in Baltimore 60 yrs Mos. Days 6. COLOR OR RACE White C. COLOR TOWN I Baltimore C. COLOR OR RACE White C. COLOR TOWN I Baltimore C. COLOR TOW	



5333 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF June 13, ALEX WARD DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION South Baltimore General Hospital Baltimore p. STREET ADDRESS (If rural, give location) Mag. 601 S. Charles Street Length of stay in Baltimore Days 5. SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years | H Under | Year 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min. and WIDOWED, DIVORCED (Specify) Sept. Male White MARRIED 46 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF clearly INDUSTRY WHAT COUNTR work done during most of working life, even if retired) MARYIAND Butcher 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WILKERSON HSHA SEORGE 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yee, no or unknown) SECURITY NO. 2620 KIKK RUE of DAShiells causes CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY?

198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or INJURY OCCUR? PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH.

important.

especially

ls.

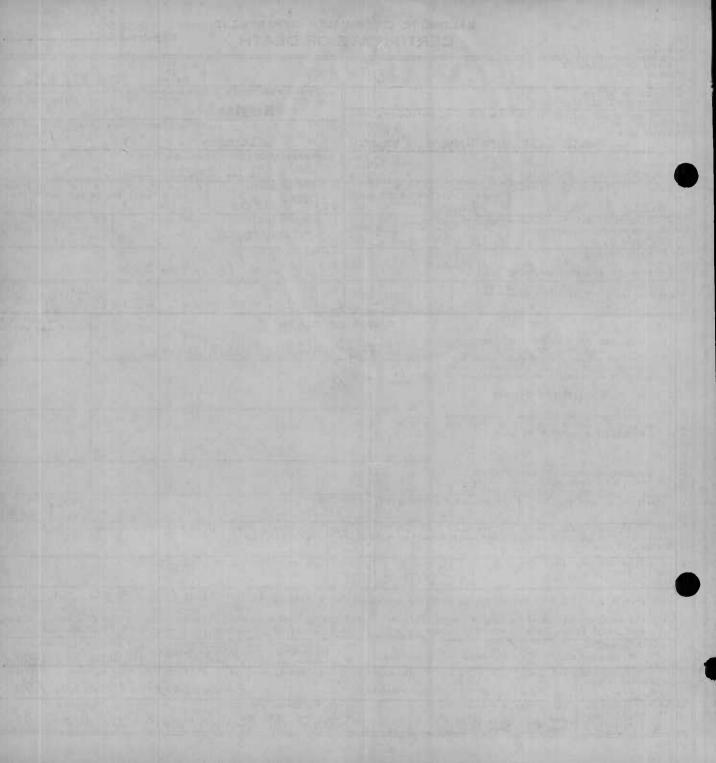
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

No X

and death in my opinion resulted from: natural causes \(\mathbb{\mathbb{M}} \), accident \(\mathbb{\mathbb{\mathbb{\mathbb{M}}} \), homicide \(\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{M}}}} \), undetermined \(\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{M}}}} \). 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR.

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE FRIENDSHIP, CALVERT CO, Md. FRIENDSHIP -16-5 BURIA,

DATE RECEIVED BY REGISTRAR'S SIGNATURE JUN 15 1950 715 LIGHT SI VS 151



24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 238. ADDRESS 23c. DATE SIGNED

23A, SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

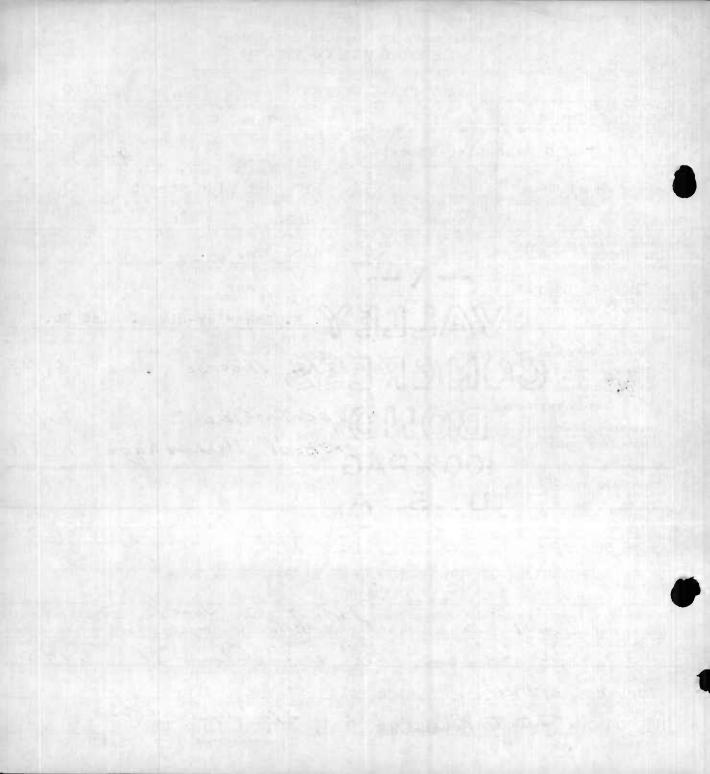
6/17/50 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE

Cathedral

25. FUNERAL DIRECTOR

TD & SO GREENMOUNT AVE & 22ND

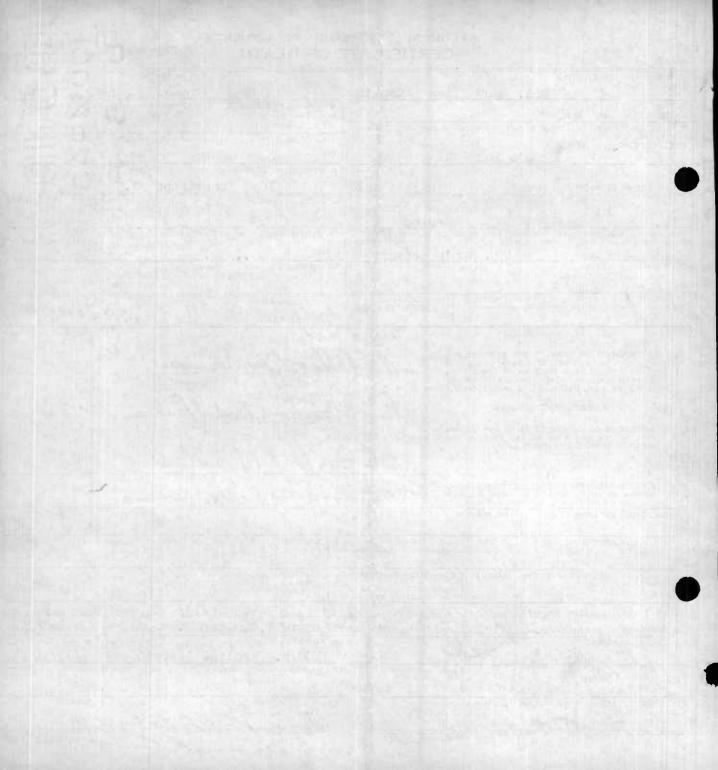
ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) June 13, 1950 Mrs. Mary Ellen Bausmith DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence S. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryaland HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. 1656 Abbottston St. Length of stay in Baltimore Days If Under 1 Year 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OR RACE last birthday) Months; Days Hours; Min. Married White 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OR WHAT COUNTRY work dooe during most of working life, even if retired) INDUSTRY Ann's Rectory Balto. Md. Housekeeper 13. FATHER'S NAME-14. MOTHER'S MAJDEN NAME ILEI 15. WAS DECEASED EVER IN U. 9. ARMED FORCES?
Yes, no or opkoowe) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS (Yes, no or onkoowo) SECURITY NO. 031. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPS 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT . 1950 that I last saw the 19 50 to 6/13/ 22. I hereby certify that I attended the deceased from 6/11/ deceased after on 6/13/ 1950 and that death occurred at 8:05A M. from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 1400 N. Caroline Street 2.C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA 24B. DATE ARKWOODD 16150 ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

Physicians:

important.



5336 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Vanc 13 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland Anne Arundel HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) erndale Yrs. D. STREET ADDRESS (If rural, give location) Mos. Wellham Ave. Length of stay in Baltimore 24 Hours Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | II Under I Year | II Under 24 Hours | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) Ta1-1-100 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 100el-t 15. WAS DECEASED EVER IN U. S. APMED FORCES? (Yes, no or unknown) (If yes, give war of dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 4.5. C/a1-One INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 6-12-50 transol- shown by YES NO 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 6-12 19 0. to_ 6-13 _____. 19 10, that I last saw the deceased alive on 6 - 13 1950, and that death occurred at 5 199. m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 238. ADDRESS 131 24c. NAME OF CEMETERY OR CREMATORY 2AD. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Glen A.A.Co. Duria. Vune 16, 1950 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE HOCAL REGISTRAR VS 150

Letter in document file 50-5336-6/29/50.

50 5337 50 5337 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DUNKER DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Anne Brunder B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township (Tlendurnie Yrs. D. STREET ADDRESS (If rural, give location) Mos. Central Length of stay in Baltimore Davs 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years It Under I Year II Under 24 Hours last birthday) Months; Days Hours; Min. 5. SEX 6. COLOR OR RACE Ma18 1059 Martied 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY 4.5.1 13. FATHER'S NAME /T1201-P 14. MOTHER'S MAIDEN NAME Jun Ke 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknowe) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknowo) SECURITY NO. Bulnie Warld War Unknown 14-5. Dorothy INTERVAL BETWEEN CAUSE OF DEATH 18. 420. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ronan LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE 19 50to 6-13 , 1950 that I last saw the 6-11 22. I hereby certify that I attended the deceased from_ 943 Pm., from the causes and on the date stated above. 1950 and that death occurred at deceased alive on 6-13 23B ADDRESS 23c. DATE SIGNED 234, SIGNATURE ames esama 240. LOCATION (City, town, or county) 24A BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR DALTIMORE NATIONAL ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR

Physicians:

important.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5338

I NAME OF DECRASE (Type or Print) Susie R. Ray 3. PLACE OF DEATH BRItimore City, Maryland 1437 Myrt1e Ave. B. FULL NAME OF I (If not in hospital or institution, give street address or inscription of the institution) Length of stay in Baltimore Length of stay in Baltimore 110 Yes. Susie R. Ray 4. UBUAL RESIDENCE (Where decreased lived, if institution, give street address or institution) B. FULL NAME OF I (If not in hospital or institution, give street address or institution) Length of stay in Baltimore 110 Length of stay in Baltimore 110 Yes. Susie R. Ray 4. UBUAL RESIDENCE (Where decreased lived, if institution, give street address or institution) Balto. D. STREET ADDRESS If rural, give location) 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 1437 Myrt1e Ave. South of the stay in Baltimore 15. SEX SOUTH OF SUMMER AND SOUTH OF S	В	RTH NOTO	5338		CERTIFICAT	E OF DEATE	a a constant	Cu XVV	
SULE AREA OF DEATH A. BRILLIMOTE CITY, Maryland 1437 Myrtla Are. B. FULL PARKS OF (If not in hospital or institution, give street soldress or before admission) FULL PARKS OF (If not in hospital or institution, give street soldress or before admission) FULL PARKS OF (If not in hospital or institution, give street soldress or before admission) Length of stay in Baltimore I. 116									
3. PLACE OF DEATH Bellionor City, Maryland 1437 Myrt1a Ave. B. FULL WASK OF City Maryland In District Wask of County Section of City Maryland In District Wask of County Section of City Maryland In District Wask of County Section of City Maryland In District Wask of County Wask of County Section of City Willows Wask of County Wask of Count				Sus	ie R. Ray		DEATH	June 13, 1950	
DESASE OR CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY The Art State or whateners) If yet and the most of the state				7427 1	Second T. o. Associated	4. USUAL RESIDE			
Country of the part of the p	8.	FULL NAME		al or institut	ion, give street address o	1437 Myrt		,	
Length of stay in Baltimore Life Mor. 1437 Myrtle Ave. 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED Days 6. COLOR OR RACE 7. SINGLE MARRIED NOTICE OF DIRTH SOATE OF BIRTH SOPT 20, 1873 76 10. JUSUAL OCCUPATION (Give laded) 10. RIND OF BUSINESS OR INDUSTRY 10. SECURITY SOPTION (Give laded) 10. RIND OF BUSINESS OR INDUSTRY 10. Baltimore of roting in Gray 10. Baltimore of Fine Country Balto. Md. 11. BIRTHELACE (Stale or foreign country) Balto. Md. 12. CITIZEN OF WHAT COUNTRY? 13. SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARKED FORCES? (Yes, noe makeons) (If yes, give war or diste of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Hilda R. King 1437 Myrtle Ave. CAUSE OF DEATH CHARGE CONDITION DIRECTLY This common service of the country of the count					location	c. CITY OR TOWN			
Length of stay in Baltimore Life Days Bost C C 7. SINGLE MARRIELD C C WIDOWED, DIVENCED (Speed) F C C C C Speed) F C C C C C C C C C C C C C C C C C C C	1	0.0.				Balto.		14-02-township)	
S. SEX F. 6. COLOR POR RACE 7. SINDLE, MARRIED. S. SEX P. 10. USDAY COLOR RACE 7. SINDLE, MARRIED. S. SEX P. 10. USDAY COLOR RACE 7. SINDLE, MARRIED. S. SEX P. 20, 1873 5. CELL YOUR STAND WITH SAME STAND STA								11)	
The C WIDOWED, DIVERCED (Speedly) Sopt. 20, 1873 To The Days Hours Min. 76 To The Control of the					Day:	The state of the s			
10. USUAL OCCUPATION (Give binded to the provided and desired the provided and the provided an	5.		6. COLOR OR RACE	7. SINGLI	E, MARRIED, VED, DIVORCED (Specif	v)	last birthday	rs If Undar I Year II Under 24 Hours	
HOUSTRY HOUSTR			C		W	Sept. 20,	1873 76		
13. FATHER'S NAME Benjamin Gray 15. WAS DECEASED EVER IN U. S. APMED FORCES? (Yes, noe or unknown) 16. WAS DECEASED EVER IN U. S. APMED FORCES? (Yes, noe or unknown) 17. INFORMANT Hida R. King 1437 Myrtle Ave. CAUSE OF DEATH Charles of population directly LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, exthenic, etc. It means the disease, injury or complication which caused death, Due to DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTROL LAST. 10. OTHER SIGNIFICANT CONDITION CONTROL LAST. 11. OTHER SIGNIFICANT CONDITION CONTROL LAST. 12. ACCIDENT, SUICIDE. 21. ACCIDENT, SUICIDE. 21. ACCIDENT, SUICIDE. 21. PACE OF INJURY (e.g. in or) 21. ACCIDENT, SUICIDE. 21. TIME (Month) (Day) (Year) (Hour) 21. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from Market Constant Control	1 C	A. USUAL OC	CUPATION (Give kind of	10B. KINE		11. BIRTHPLACE (S)	tate or foreign country)		
13. FATHER'S NAME Benjamin Gray 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nor unknown) 16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nor unknown) 17. INFORMANT Hida R. King 1437 Myrtle Ave. 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nor unknown) 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war of dates of service) 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dring, e. g., heart failure, acticing, etc. it means the disease, injury or complication which caused death, due to ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CON- TRIBUTING TO THE DEATH, SUTH OF RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO L. 21. ACCIDENT, SUICIDE, Sebout home, form, Jectory, street office Mig. etc.) 21. TIME (Month) (Day) (Year) (Hour) 21. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from Work To House Cause and on the date stated above. 23. ADDRESS 24. BURIAL, CREMA: 248, DATE TION, REMOVAL (Specity) 6/17/50 IN HODE ADDRESS GOO. 9. KELSON PRESSTEAN ADDRESS COLOR TO THE SIGNITURE CASUS OF DEATH 17. INFORMANT HIDDRANT HIDDRANT HIDDRANT HIDDRANT HIDRANT		House	wife	75.7	INDOSTR	Balto. Mo	d.		
15. WAS DECEASED EVER IN U.S. ARRED FORCES? (Yes, noer unknown) 16. SOCIAL NO. 17. INFORMANT Hilda R. King 1437 Myrtle Ave. 18. L. C. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (This does not completely any completely one of the disease, injury or completely one of the disease,	13					14. MOTHER'S MAI	DEN NAME		
SECURITY NO NO Hilda Re King 1437 Myrtle Ave.		В	Benjamin Gray			Jane?			
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CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LENDING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS IF ANTECEDENT CAUSES DISEASES OR CONDITIONS (B) RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DISEASE OR CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION (198. MAJOR FINDINGS OF OPERATION) 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (c.g., in or 21c. WHERE DID (If in Baltimore City, give exact Jocation) 19A. DATE OF OPERATION (198. MAJOR FINDINGS OF OPERATION) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22L. I hereby certify that I attended the deceased from while attended the deceased alive on the date stated above. 23A. SIGNATURE 24A. BURINAL CREMA- 24B. DATE 6/17/50 DATE SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY (24D. LOCATION (City, town, of county) (State) TON REMOVAL CREMA- 24B. DATE 6/17/50 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS COLUMN TO THE DEATH ON THE DEATH (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985) (1985)	(16		(11 yes, give war or date	s or service)			King 1437 Myr	tle Ave.	
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19a. Date of operation 19b. Major findings of operation 20. Autopsy? Yes No 2 21a. Accident. Suicide. Additional Specify 21b. Place of injury (e.g., in or about home, farm, factory, street, office hidg., etc.) 1 injury occur? 21b. Time (Month) (Day) (Year) (Hour) 21c. Injury occurred 1 injury occur? 22c. I hereby certify that I attended the deceased from Norwith Work 1 and that death occurred at 3 m., from the causes and on the date stated above. 23a. Signature 24b. Date 24c. Name of cemetery or crematory 24d. Location (City, town, of county) 1 injury occurred 25c. Funeral Director Address 1 calvert Co. Md. Date received by Registrar's Signature 25c. Funeral Director Address 1 and 1303 Presstman St.									
21b. Time (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. How Did Injury occur? WHILE AT WORK 22. I hereby certify that I attended the deceased from the deceased alive on the deceased alive on the deceased from the deceased alive on the date stated above. 23a. Signafure 23b. Address 23c. Date signature 24a. BURIAL, CREMA- TION, REMOVAL (Specify) BUTIAL 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, of county) 25tate) Calvert Co. Md. 25. FUNERAL DIRECTOR Address Geo. C. Kelson 1303 Presstman St.						RATION		20. AUTOPSY?	
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24a. BURIAL, CREMA- TION, REMOVAL (Specify) BUTIAL 6/17/50 Mt Hope Calvert Co. Md. DATE RECEIVED BY LOCAL FROM TRANSPORT CALVERT CO. Md. 25. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.				0	and that death occ.		13		
DATE RECEIVED BY LOCAL PROBLEM REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Color 1303 Presstman St.		01	, a Are	Ther	м. р.	825 N. 6	Tremont a	June 15/50	
DATE RECEIVED BY REGISTRAR'S SIGNATURE COCAL PROSPERATE C	244 BURIAL CREMA- 248 DATE 1240 NAME OF CEMETERY					ERY OR CREMATORY	24d. LOCATION (City,	town, of county) (State)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE COCAL PROSPERATE C	1	Bur	ial 6/17/5	60	Mt Hope	Grand and the	Calvert (Co. Md.	
	_			SSIGNATI	IRE 44	25. FUNERAL DIRE	CTOR	ADDRESS	
	11	145795	MAR Chinting	the New	Markeyster	Geo. C. Kels	on 1303 Presst	man St.	
	1	VS 150		, -	- Children along the large of			925	

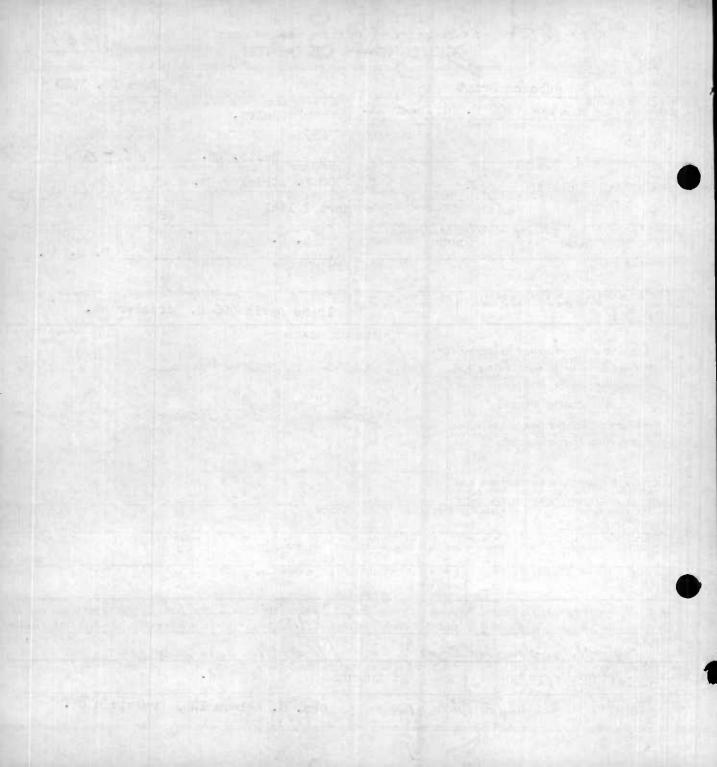
TENDES . BU ZUN AN . W. HELLER

| G-653 50 5339 BALTIMORE CITY HEALTH DEPARTMENT

50 5339

BII	RTH NO.	00		CERTIFICAT	E OF DEATH	Registered	No. 1975
1. (T)	NAME OF DEC		a Grant			2. DATE OF June DEATH	14, 1950
A.		ty, Maryland		Stricker St.	4. USUAL RESIDENCE A. STATE Balto.		
HC	FULL NAME O SPITAL OR STITUTION	F (If not in hospit	al or institut	tion, give street address or location)	Balto.	Md. /6	its, write RURAL and give
9		y in Baltimore	?	Yrs. Mos. Days	900 N. Stricker		
5.	SEX F	C C		E. MARRIED. VED. DIVORCED (Specify)	sept ? 1881	9. AGE (In years last birthday) M	If Under I Year If Under 24 Hours on this Days Hours Min.
		UPATION (Give kind of working life ven if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Section 2)	r foreign country)	U. S. A. F
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	U. S. A.Y
15 (Yer	. WAS DECEASED, no or unknown)	EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. NONO	17. INFORMANT 1rene Davis 90	00 N. Stricker	ADDRESS St.
FICATION	(This does not heart failure injury or conjury or conju	OR CONDITION LEADING TO DEA' not mean the mode of, asthenia, etc. If mea omplication which of NTECEDENT CAUS OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LA	TH of dying, e ons the disease caused death SES F ANY, GIVII STATING T	g., (A)OLL se, h.) DUE TO	tom + atten	hope slums	15 days
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
AL C	19A, DATE OF OPERATION 0 19B, MAJOR FINDINGS OF OPER			ATION		20. AUTOPSY?	
EDIC	218. PLACE OF INJURY (a. g., in or 21c. WHERE DID (if in Battimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)						
Σ	21b. TIME (M OF INJURY	Ionth) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK	ED 21F. HOW DID INJU	JRY OCCUR?	
	22. I hereby certify that I attended the deceased from 5 - 7/ 1950, to 6 - 14, 1950 that I last saw the deceased alive on 6 - 13, 1950, and that death occurred at 130 Pm., from the causes and on the date stated above.						
	23A. SIGNATU	RAlan	ind	ers M.D.	3B. ADDRESS M. S	twicker St	23c. DATE SIGNED
2.4 TIC	A. BURIAL, CR IN REMOVAL (Spe BULIAL	248. DATE 6/19/5		24c. NAME OF CEMETE Mt Aubr	RY OR CREMATORY 24D	. LOCATION (City, towi	n, or county) (State)
	TE RECEIVED			Mianes, H.	25. FUNERAL DIRECTO	on 13∪3 Presst	man St.
-							,

correct to is especially important. Physicians: please write the causes of death clearly and legibly.

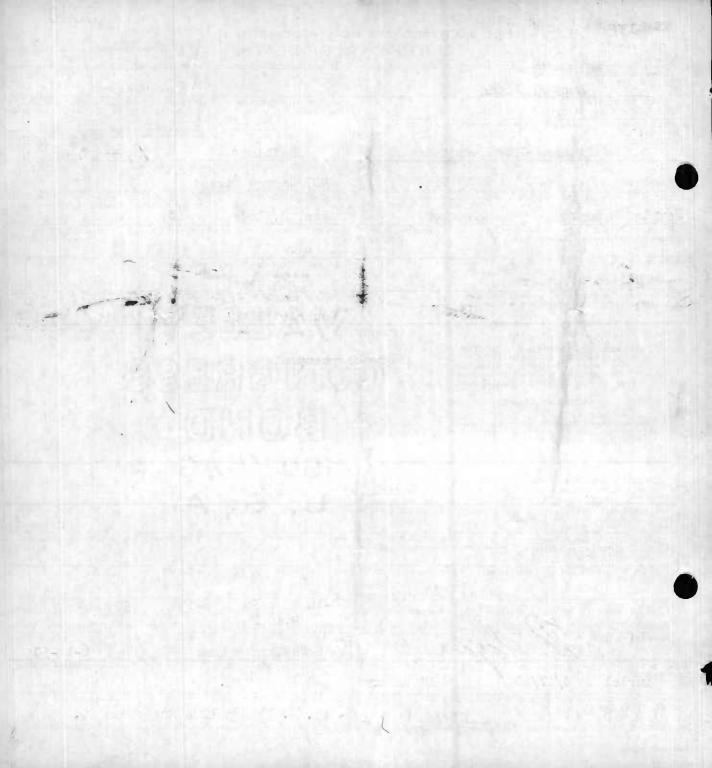


ES-137411 53/10

H-34500 334		CERTIFICATI	E OF DEATH		No	
1. NAME OF DECEASED (Type or Print) Lucy Hea	dlan-		la refere	2. DATE OF 6 1	3–50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		on, give street address or	4. USUAL RESIDE	NCE (Where deceased lived, In B. COUNTY		
HOSPITAL OR INSTITUTION Baltimore C		location)	c. CITY OR TOWN Baltim		its, write RURAL and give township)	
Length of stay in Baltimore	33	Yrs. Mos. Days	d. STREET ADDRE	ss (If rural, give location) Street	/	
5. SEX 6. COLOR OR RAC	7. SINGLE WIDOW Divor	. MARRIED, ED. DIVORCED (Specify)	Jan. 8, 18	9. AGE (In years last birthday) M	Il Under 1 Year Il Under 24 Hours onths Days Hours Min.	
10A. USUAL OCCUPATION (Give kin work does during most of working life, even if retir	lof 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME Nelson Strother	-		The second state of the	14. MOTHER'S MAIDEN NAME Maria Ross		
15. WAS DECEASED EVER IN U. S. ARN (Yes, no or unknown) (If yes, give war or d	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records* Ba	ltimore City Hosp	oitals Eastern	
DISEASE OR CONDITION (This does not mean the mode heart failure, asthenia, etc. It is injury or complication which antecedent categories of the complex of	EATH e of dying, e.g., eans the disease caused death. USES , IF ANY, GIVINA A) STATING TH LAST. DITIONS CON	(B)	opneumonia			
TO THE DISEASE OF CONDITI	ON CAUSING IT	FINDINGS OF OPER		S	20, AUTOPSY?	
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Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I deceased alive on	50	and that death occur		f_{to} 6-13 , 150 from the causes and on t		
23a. SIGNATURE	Roger	M. D.	38. ADDRESS 4940 Eastern		6-14-50	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 6/17/5		Mt Auburn	RY OR CREMATORY	Md. (City, town	n, or county) (State)	
DATE RECEIVED BY REGISTRA LOCAL REGISTRAR	R'S SIGNATU	re (//0.0.0.0	GDD . G. Xol	сток gm 1303 Presstme	address an St.	

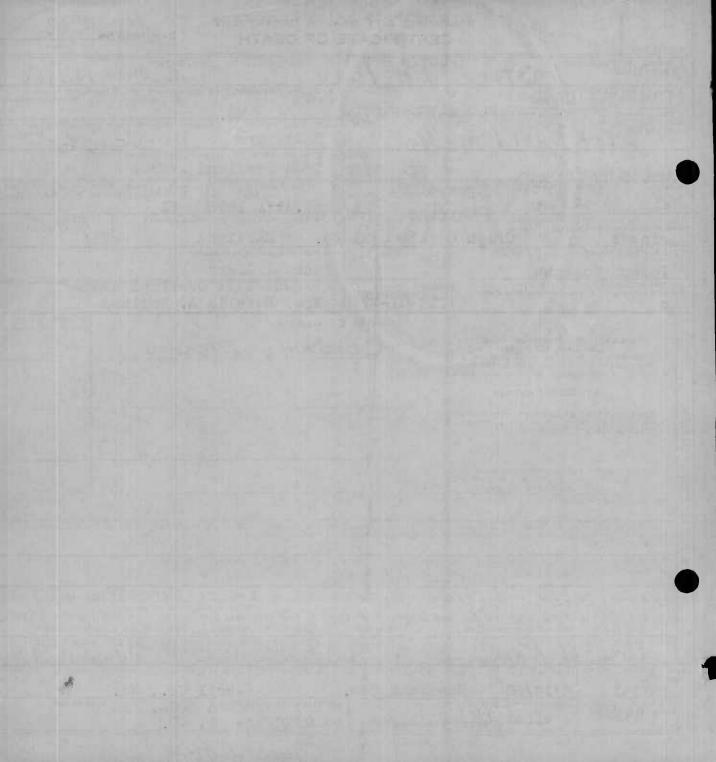
ge is especially important. Physicians: please write the causes of death clearly and legibly.

correct



causes

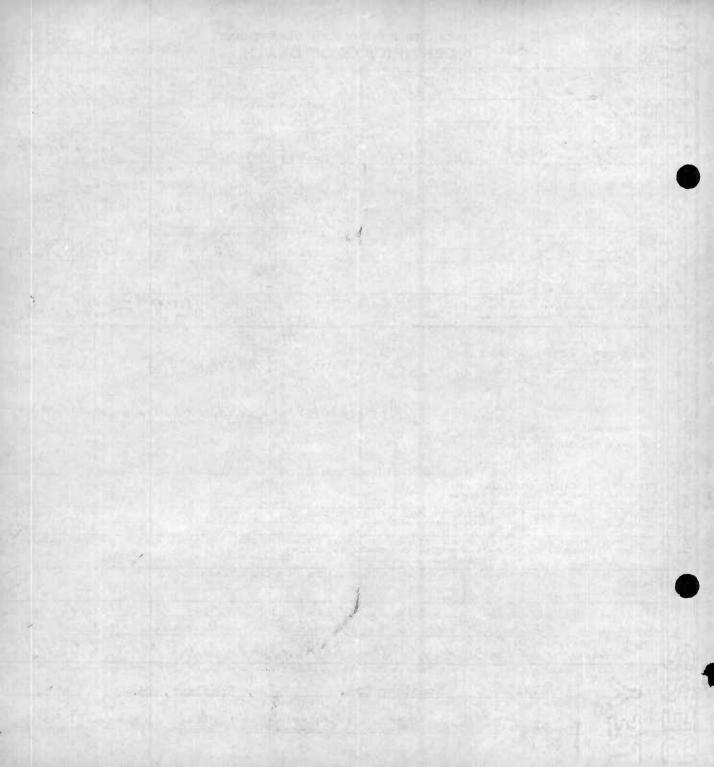
-524 534 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED HOPKINS 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Mos. 2824 Overland Avenue vrs Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) | Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) & Seal WHAT COUNTRY? Maryland Engineer Grown USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rachael Clark Joseph England 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 2824 Overland America 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) 216-01-7796 Mrs. Estella A. England no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY COTONATY Disease LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an 4 thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Y, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAM of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 6/16/50 Rosebank cem. recil Co., Md burial LOCAL RECEIVED BY FENNYRAS ANDERRE SONS. INC ADDRESS Lintuator Williams Mill BALTIMORE VS 151

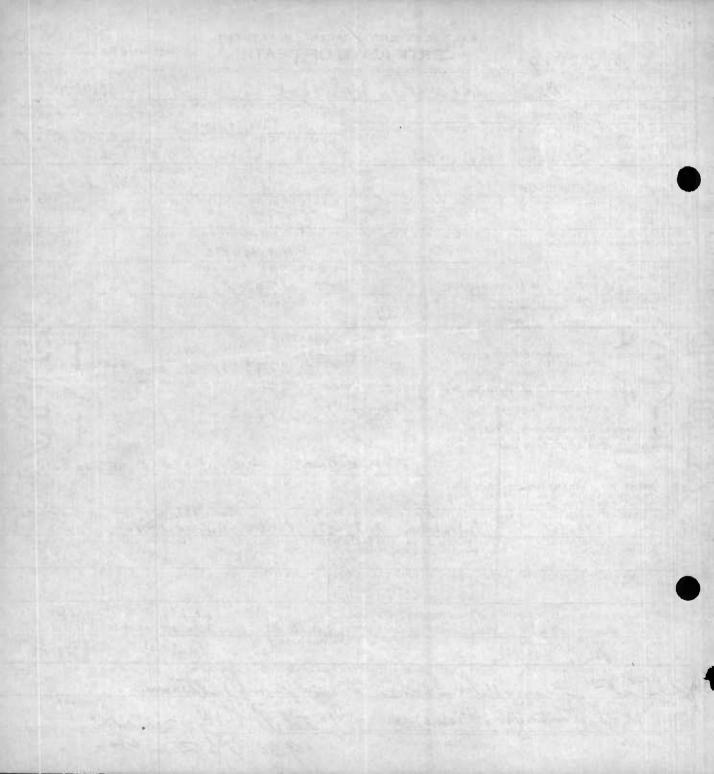


MSAUR BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deccased lifed. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL (If rural, give location) Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) 9. AGE (In years | If Under | Year | If Under 24 Hours | Index birthday) | Months; Days | Hours | Min. 8. DATE OF BIRTH 10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTR' FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITA causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, metastasis injury or complication which caused death.) QUE TO ANTECEDENT CAUSES sevitoueum DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. Physicians: (C) .. ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS important. YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from May / 8 31960 to hat I last saw the deceased alive on 9, 19 5 and that death occurred at 12 pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) ATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR VS 150

The sales of the Area 10 52 11 1.50-1.50 3. 1 20 5-11-81 6 Socialist in such The course the street Sales Sales

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH (3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUKAL and live INSTITUTION more D. STREET ADDRESS (If rural, give location) Moc. oodbine Length of stay in Baltimore Dava 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. AGE (In years) If Under 1 Year WINDOWED, DIVORGED (Specify) last birthday) Months: Days Hours: Min. He male QYYIEd 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even intired) INDUSTRY WHAT COUNTRY 10 UTEWI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, up or huknown) (If yes, give war or dates of service) SECURITY NO nech NTERVAL BETWEE 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY YO nayy LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. DUE TO injury or complication which caused death.) Ayteriosclerotic cardiovasculardisease 10 ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO L 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURBED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from December 1949 to June 13, 1950 that I last saw the deceased alive on June 13, 19 50, and that death occurred at 10 m., from the causes and on the date stated above. 23B, ADDRESS 23c. PATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 2/4c/NAME OF CEMETERY OR CREMATORY 24B. DATE Burial Woodlawn Cem. Woodlawn. DATE RECEIVED REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS VS 150



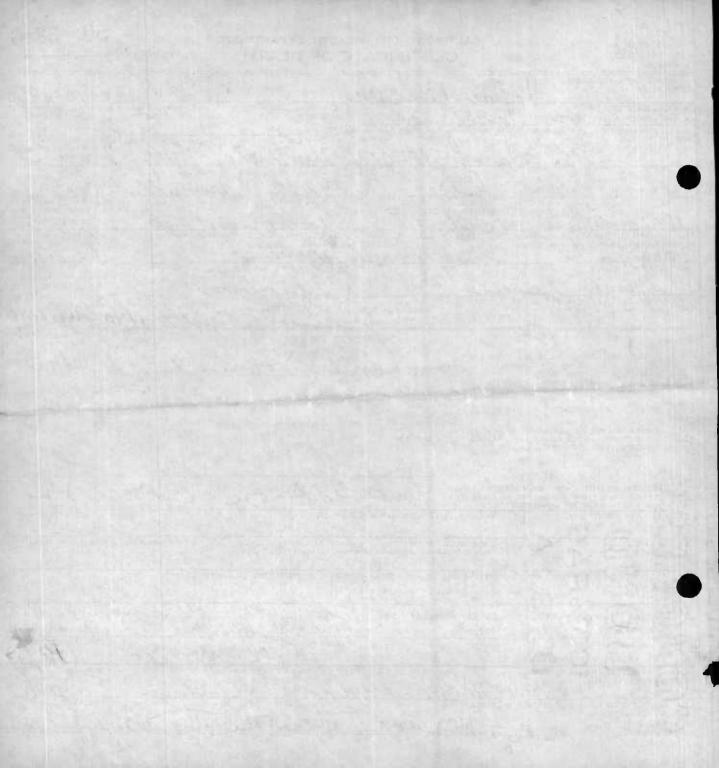


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BALTIMORE CITY HEALTH DEPARTMENT

50 5346

BIRTH NO.						
	NAME OF DECEASED (ype or Print)	hn Neis	ser	2. DATE OF DEATH	11 105	
	PLACE OF DEATH: Baltimore City, Maryland	B. Himan	4. USUAL R		eddived. If institution: residence DUNTY before admission	
В.	FULL NAME OF (If not in hospital			d.	porate limits, write RURAL and give	
111	/2.22 M	arshalles	1. Bali	timore Es	£ 23-00 hship	
		1.1	Yrs. D. STREET	ADDRESS (If rural, Ave l	ogation)	
	Length of stay in Baltimore	hipe	Days / //	2 Marsha	llst.	
5.	Male White	7. SINGLE, MARRIED. WIDOWED, DIVORCED		9. AGE (1 last bir	thday) Months Days Hours Min.	
10 wor	A. USUAL OCCUPATION (Give kind of Jone during most of working life, even if retired)	TOB. KIND OF BUSINES	S OR 11. EARTHPL	ACE (State or foreign count	ry) 12. CITIZEN OF WHAT COUNTRY	
~	toreman	Emamling Wo	Ves Bal	limore.	4.5.9.	
Ya	FATHER'S NAME	7	14. MOTHER	S'S MAIDEN NAME		
1 5	James fleis	sec		known		
(Ye	WAS DECEASED EVER IN U.S. ARMED s. no or woknown) (If yes, give war or dates	of service) 16. SOCIAL SECURIT	Y NO. 17. INFORM	ANE Daisean	1240 Glynton	
_	10 1 -1 1		Clima	r. J. Telsour	INTERVAL BETWEEN	
	DISEASE OR CONDITION	the state of the s	AUSE OF DEATH		ONSET AND DEATH	
	LEADING TO DEAT	TH (funcer)	Homal	6/40.	
	heart failure, asthenia, etc. It mea injury or complication which c	ins the disease,				
	ANTECEDENT CAUS					
NO		(B)		***************************************		
F	DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO				
FICA		(C)				
RTI	OTHER SIGNIFICANT CONDITIONS CON- OTHER SIGNIFICANT CON- OTHER SIGNIFICANT CONDITION					
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION		few joen	stre cir	1.2456) 1/2	
1	19A. DATE OF OPERATION 0	9B. MAJOR FINDINGS C	F OPERATION		20, AUTOPSY?	
OA	21A. ACCIDENT, SUICIDE,	218. PLACE OF INJUR	V (e.g. in or 21C. WH	ERE DID (If in Baltin	YES NO	
EDI	HOMICIDE (Specify)	about bome, farm, factory, street,		OCCUR?	,	
٠	21D. TIME (Month) (Day) (Year) OF INJURY			W DID INJURY OCCUR?		
		m. WHILE AT WORK	AT WORK	//	2 0	
22. I hereby certify that I attended the deceased from Fey 1977 to 19/18, 19, that I last say						
	deceased alive on 6/13, 1980, and that death occurred at 500 m. 4 photoples and on the date stated above					
	23A. SIGNATURE	2	M. D. 238. ADDRESS	72. Wor	SV 23C/DATE STORED	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY, 24D. LOCATION (City, town, or county) (Stage)						
	Bural 6/19/1	1950 Glen	Javen	9.9.6	o. md.	
D	ATE RECEIVED BY REGISTRAR'S	SSIGNATURE	25. FUNERA	L DIRECTÓR	ADDRESS	
	111N 1 5 1950	1- W.IK'2 4 R. M.	1 Aluna	1) + Tlemens	1476 hull to	



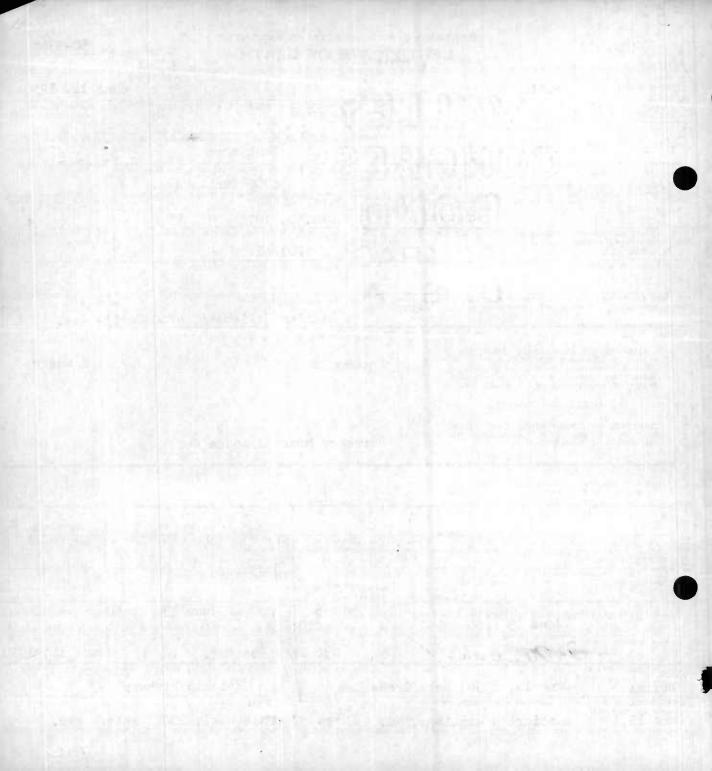
50 5347 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO. 150 1. NAME OF DECEASED 2 DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before ndmission) MIGRYLANI (If not in hospital or institution, give street address or B. FULL NAME OF · location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Dal Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) It Under | Year last birthday) | Months | Days WIDOWED, DIVORCED (Specify) Hours: Min. 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! AT WORK , 1950, that I last saw the 22. I hereby certify that I attended the deceased from. , 19 50, and that death occurred at 11 m., from the causes and on the date stated above. deceased alive on (- 14 (28A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED BURIAL, CREMA-24B DATE 24d NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) h Cok ADDRESS HOCAL REGISTION 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VS 150

BALTIMORE CITY HEALTH DEPARTMENT

50 5348 egistered No. 50-5348

В	IRTH NO.			CERTIFICAT	E OF DEAT	H Registered	No.	
1. NAME OF DECEASED 2. DATE								
	PLACE OF D		la Szym	anowski	11	DEATH	une 14, 1950	
A	Baltimore (City, Maryland	al or institut	tion, give street address or	A. STATE	ENCE (Where deceased lived, B. COUNTY	If institution: residence before admission)	
Н	OSPITAL OR ISTITUTION	4700 Curtis		location)	C. CITY OR TOWN (If outside eorporate limits, write RURAL and give Baltimore 2505 township) D. STREET ADDRESS (If rural, give location)			
			OPENS.	Yrs.				
		tay in Baltimore		ife Mos.	4700 Curtis Ave.			
5	F	6. COLOR OR RACE	7. SINGL WIDOW W10	E, MARRIED, VED, DIVORCED (Specify) OWED	Dec. 3, 18'	last birthday)	If Under Year If Under 24 Hours Min.	
1(10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Poland 12. CITIZEN OF WHAT COUNTRY			
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME			
-	Wind Bross		7.1					
(Ye	s, no or unknown)	(If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
-						zieoski, 4700 Cur		
	18.	1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				and a		2 secolor	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						∠ weeks	
	Injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. COTONARY heart disease (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED							
은								
A								
F								
OTHER SIGNIFICANT CONDITIONS CON-								
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			ATION		20. AUTOPSY?		
Y				in or 21c. WHERE DID (If in Baltimore City, give e		YES NO X		
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL/ about home,	, give exact location)				
2	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
	OF HVSCKT		m.	WHILE AT NOT WHILE AT WORK				
	22. I hereby certify that I attended the deceased from June 5 , 1950 to June 13 , 1950, that I last saw the							
		deceased alive on June 13, 1950, and that death occurred at 10:40Am., from the causes and on the date stated about						
	23A. SIGNATURE 23C. DA					June 14, 1950		
2	4A. BURIAL.	CREMA- 24B. DATE	Mr. Anna			24D. LOCATION (City, tow		
11	Burial	June 17	1950	Holy Cross Ce	m	Ritchie Highway		
	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIR		ADDRESS	
6	June 15,1	950 Huntingt	on Wil	liams, Md.	Wm. 32 Fral	kowski, 2007 Eas	tern Ave.	
-	VO 150							

VS 150



12	263 50 5349	BALTIMORE CITY H	EALTH DEPARTMENT	Υ	5349		
E	BIRTH NO. CERTIFICATE OF DEATH			Registered No.			
(. NAME OF DECEASED Type or Print)	, Ricciardi,	A. USUAL RESIDENCE (W	2. DATE OF DEATH	2013/1950		
A	Baltimore City, Maryland	al or institution, give street address or	A. STATE	B. COUNTY	before admission		
-	NSTITUTION TONES HOPE	INS HOSPITAL location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
oly.	3 5	Yrs,	D. STREET ADDRESS (If rural, give location)				
legibly	Length of stay in Baltimore	Mos. Days	124 M. Milland. St				
and	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Inder I Year If Under 24 Hours ths Days Hours Min.		
clearly	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR				
	3. FATHER'S NAME		14. MOTHER'S MADEN NAME				
death	5 WAS DECEMBED SHIP OF THE	cciardi	marian	marian Caldarouge			
causes of	5. WAS DECEASED EVEN IN U. S. ARMEI es, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT JOHRS HOPKINS HOSPITAL				
Engsicians: please write the CERTIFICATION	E OTHER CHANGE AND CONDUCTION						
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED						
FDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)						
>	Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK						
especiali	22. I hereby certify that I attended the deceased from 6-11, 1950, to 6-13, 1950, that I last saw the deceased alive on 6-13, 1950, and that death occurred at 9 km., from the causes and on the date stated above						
Se is	23A. SIGNATURE	M.D.	238. ADDRETONNS HOPKINS		6/13/50		
1 5	4A. BURIAL, CREMA- 24B. DATE ION, REMOVAL (Specify) 6-17-	50 Cather		OCATION (City, town, o	or county) (State)		
correct	DATE RECEIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	JUST A	ADDRESS		
	WN 151950 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A	The stay	ON ONE	520		

5350 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) BLANCHE DEEL OF June 15, 1950 LILLY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) BOTETOURT Virginia (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 339 S. Monroe Street ir Castle D. STREET ADDRESS (If rural, give location) Yes. Mes. Length of stay in Baltimore Davs 6.COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (In years | | Under 1 Year | | Under 24 Hours | last birthday | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Female Wida 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 4. Luca 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15, WAS DECEASED EVER IN U. SLARMED FORCES 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) (If yes, give war or dates of serv SECURITY NO. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION NO X (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK Insp. & Inquiry thereon and from 22. I certify that I took charge of the remains described above, held an . Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident D, suicide D, homicide D, undetermined D. 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 6-15-50 MEDICAL INVESTIGATOR 2 B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, BENOVAL (Specify) 0 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR 105

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death

Jo

causes

Physicians;

important.

Letter in document file 50 - 5351 - 6/27/50

5352 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 170 - 1152 1. NAME OF DECEASED 2. DATE (Type or Print) NFINGAR TEA OF DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year It Under 24 Hours last birthday) | Months; Days | Hours : Min. WIDOWED, DIVORCED (Specify) 50 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME manne 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH 60.5 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION MEDICAL important. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 13/5-19 , that I last saw the 22. I hereby certify that I attended the deceased from_ . to_ deceased alive on 6/13/20, 19 and that death occurred at 7. 13 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOZATION (City, town, or county) (State) 24B. DATE DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRO VS 150 AS SHAW - 中京国家教育の大学の大学の大学 160 a

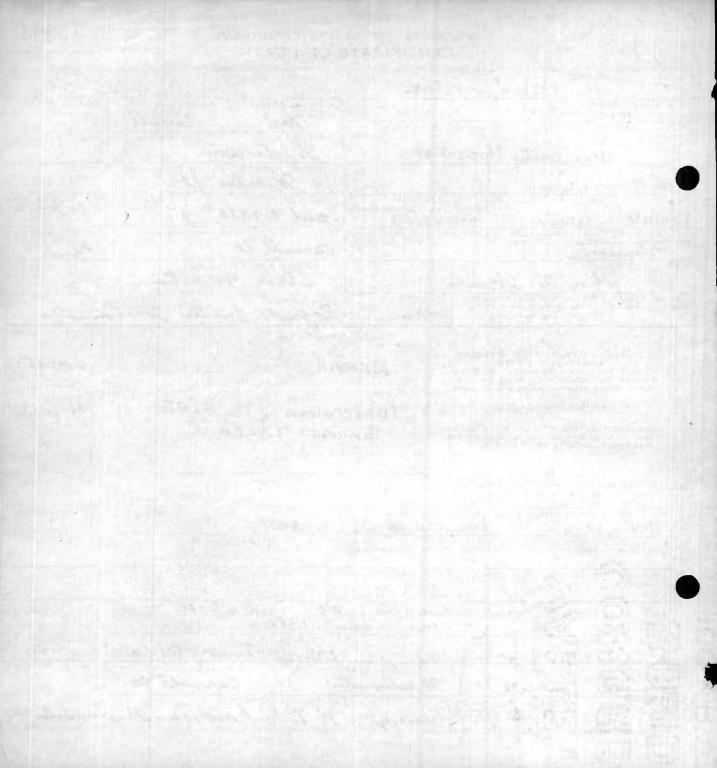
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50 5353 BALTIMORE CITY HEALTH DEPARTMENT 5353 CERTIFICATE OF DEATH BIRTH NO. 50-119/0 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH JUNE 12. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (township) Baltimore Hospital For the Woom Marylans Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 16 7 12 Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | Il Under 1 Year | Il Under 24 Hours last birthday) | Months: Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH JUNE 12.1950 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR ONE INDUSTRY 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY com Balti more) 14. MOTHER'S MAIDEN NAME 13, FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. rone INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Extreme Prematurity 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? MEDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT 6 -12, 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ . 1950, to_ deceased alive on_ 6-12, 1950, and that death occurred at 5 2.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE . 6-14-50 hid. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) ON (City, town, or county) 24B, DATE ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

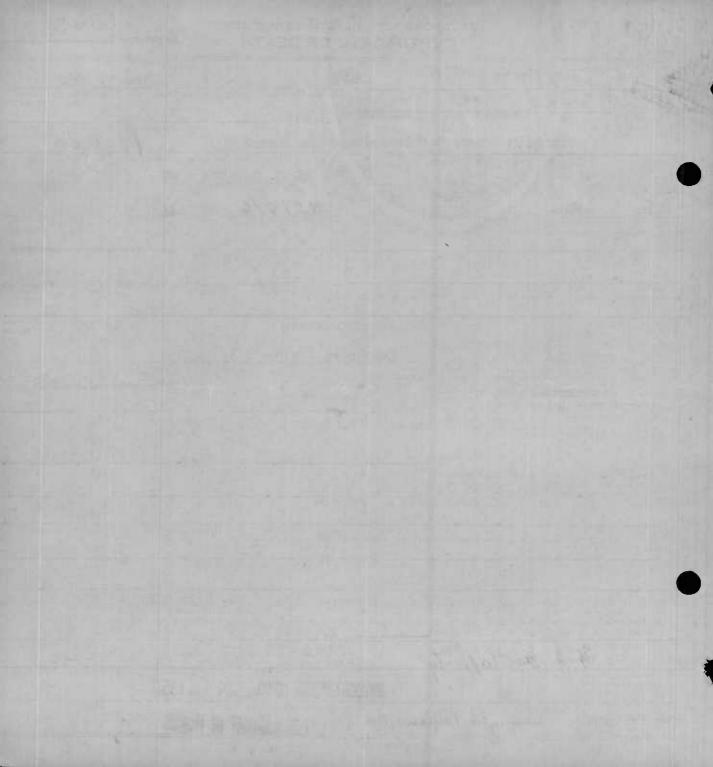
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED Helen LeisTer 2. DATE (Type or Print) DEATH 6 - 16 -50 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: Carroll A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If_outside corporate limits, write RURAL and give INSTITUTION o. STREET ADDRESS_ (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months! Days Hours Min. WIDOWED, DIVORCED (Specify) emple MARRIED IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Housinghe 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nakaown) SECURITY NO CAUSE OF BEATH 616X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., ZMONTHS CEMIA heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO tuberculosis of the Genito-ANTECEDENT CAUSES HEMARY TRUCK DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION Tuberculos Let tuney nov. 6, 1946 21B. PLACE OF INJURY (e. s. in or 21c. WHERE DID about home, farm, factory, street, office bld; etc.) INJURY OCCUR? 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 1950 to 6-16 , 1950 that I last saw the 22. I hereby certify that I attended the deceased from 3-2 F deceased alive on 6-16 1950, and that death occurred at 1:35 Am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 6-16-50 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TEMOVAL. (Specify ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150 * water grafilly programmed! " " !!



5355 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) ARLIE GRADY DEATH June 9, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF . (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate, limits, write RURAL and give C. CITY OR TOWN INSTITUTION Franklin Square Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mag 109 N. Carey Street Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED S. DATE OF BIRTH 9. AGE (in years | 1 Under | Year | 1 Unger 24 Hours | last birthday) | Months: Days | Hours | Min. and WIDOWED, DIVORCED (Specify) Male White 108. KIND OF BUSINESS OR 11. B. ATHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekindof) work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME W6. SOCIAL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uoknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS SECURITY NO (Yes, no or uoknown) causes INTERVAL BETWEEN CAUSE OF DEATH 0021 18 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary tuberculosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 19A. DATE OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., io or PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK L AT WORK especially 22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident | suicide | homicide |, undetermined |. 23A, SIGNATURE 23B, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 6-9-50 MEDICAL INVESTIGATOR 245 NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) . Peters 8-17-50 DATE RECEIVED BY REGISTRAR'S SIGNATURE 161950 .m.Cook. VS 151



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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Robert L. Jones (Lee G. Jones) DEATH June 4, 1950 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Baltimore City B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Provident Hospital Maryland Yrs. p. STREET ADDRESS (If rural, give location) Mos. 1700 Division St. Length of stay in Baltimore Davs 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. SINGLE, MARRIED 11 Under 24 Hours WIDOWED, DIVORCED (Specify) 1080 KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind nf) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME n 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1716. SOCIAL 17. INFORMANT ADDRESS (If yes, give war nr dates of service) (Yes, oo or uoknown) SECURITY NO. n INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CNS Lues (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION YES X NO 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS | 21B. PLACE OF INJURY (e.g., in or PRIMARY OR CONTRIBUTING | about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK Autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{Z}\), accident \(\mathbb{D}\), suicide \(\mathbb{D}\), homicide \(\mathbb{D}\), undetermined \(\mathbb{D}\). 23A. SIGNATORE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 2-A. BURIAL, CREMA-TION, REMOVAL (Specify) 240.

DATE RECEIVED BY

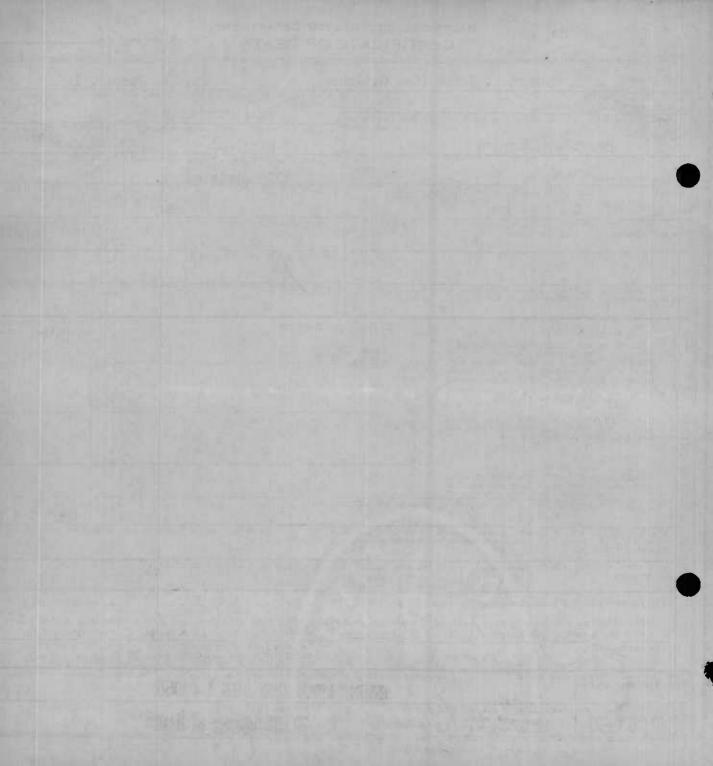
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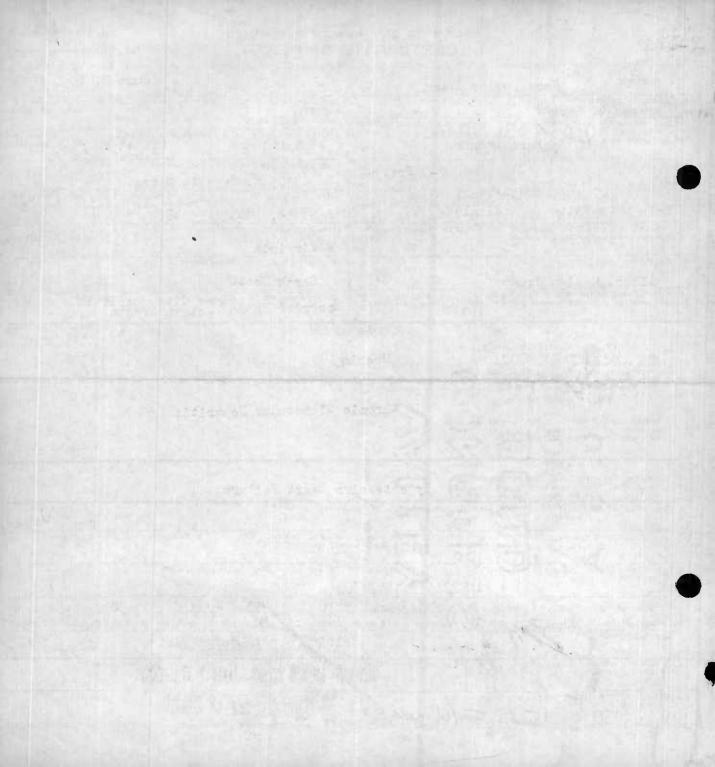
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BALTIMORE CITY HEALTH DEPARTMENT 5359 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE. (Type or Print) OF more L. DEATH 4. USUAL RESIDENCE (Where deceased wed. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 1105 Woodbourne 4 B. FULL NAME OF (If not in hospital or institution, give street address or B. COUNTY before admission) location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give townshin) 1105 Wood bourne are Yrs. D. STREET ADDRESS (If rural, give location) Mos Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years | || Under | Year | || Under 24 Hours | last birthday) || Months; Days || Hours; Min. B. DATE OF BIRTH 882 Devorced 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT_COUNTRY house wish 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME shristian 15. WAS DECEASED EVER IN U.S. ARM D FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. Trone -011) MI INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL important. YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Grail 3, 1919, to 13, 195, that I last saw the deceased alive on 13, 195, and that death occurred at 23. A.m., from the eauses and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATOR 24B. DATE TION REMOVAL (Specify) nemorial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATU LOCAL REGISTRAR IIIN 1 6 1950 VS 150

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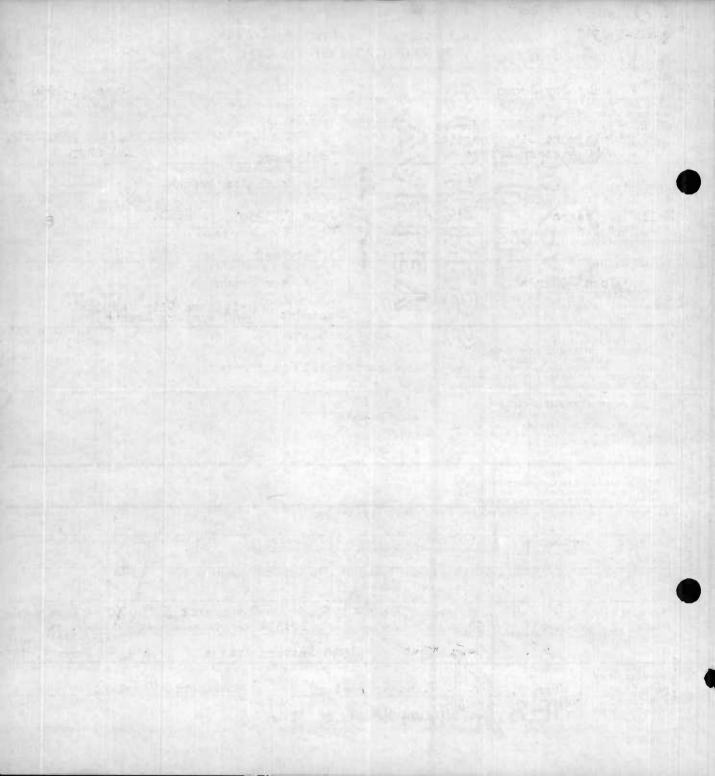
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THE HELD OF SERVICE

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARY SELINA - SEE BAC OF une 14.1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased wed, If institution ; residence A. Baltimore City, Maryland 307 A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Trust (If rural, give location) Yrs. Mos. - Harley c. Length of stay in Baltimore Dave 9. AGE (In years | | Under TYear | | Under 24 Hours | Months Days | Hours Min. 7. SINGLE, MARRIED, VAIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE Midow av 10. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 281 INTERVAL BETWEEN CAUSE OF DEATH 18. 420,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO WITH Condestrol failur injury or complication which caused death.) orterio scleratio ripel Rest diseas. ANTECEDENT CAUSES THE PARTY LOW DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO Glubaling terilo Aclerosio RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Prespectionsion 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT AT WORK 14 19 5 Othat I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 1960, and that death occurred at 3 Mm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 28d. DATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMA TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 6 VS 150 and the second second second

important.

especial

22. I hereby certify that I attended the deceased from-

June 17.1950

deceased alive on

6 1950

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

DATE RECEIVED BY

LOCAL REGISTRAR

50 - 5363Registered No.

before admission)

12. CITIZEN OF

U.S

WHAT COUNTRY?

Anna Applecrumby ONSET AND DEATH

(If in Baltimore City, give exact location)

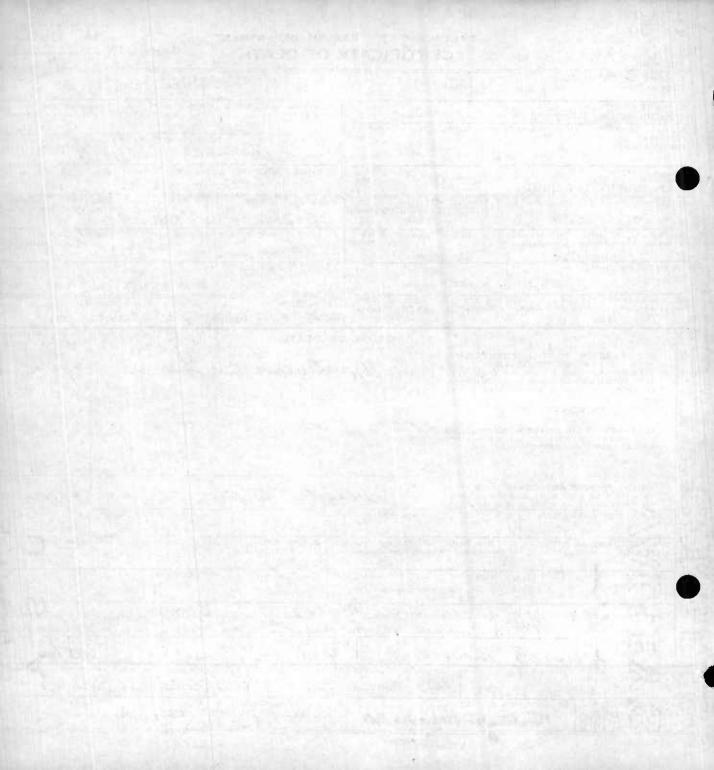
8/16/47_, 19__, to_ 6/14/50, 19_, that I last saw the

. 1952, and that death occurred at 2? m., from the causes and on the date stated above. 238. ADDRESS 23C, DATE SIGNED

24C. NAME OF CEMETERY OR CREMATORY | 290. LOCATION (City, town, or county) 4430 Belair Rd., Balto.Md. Holy Redeemer Cem.

ADDRESS Schimunek Funeral Hame, Ind. 2601-3-5 E. Madison St.

SALE SERVICE CONTRACTOR VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5364 Registered No.

BIRTH NO

clearly

death

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1. NA	ME	OF	DE	CEA	SE	D	
(Type	or F	rint)		1.	1	:0	0

Yrs. Mos.

Days

INDUSTRY

2. DATE OF DEATH

3. PLACE OF DEATH: A Baltimore City, Maryland 711 A. Linwood Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY

(If not in hospital or institution, give street address or B. FULL NAME OF

A. STATE C. CITY OR TOWN

(If outside corporate limits, write RURAL and give

HOSPITAL OR

Baltimore

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore life 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

711 N. Linwood Ave. 8. DATE OF BIRTH

male white married 108, KIND OF BUSINESS OR

March 3, 1878 11. BIRTHPLACE (State or foreign country)

9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months: Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

10A. USUAL OCCUPATION (Givekind of

work done during most of working life, even if retired)

Glazer

no

Baltimore, Md. 14. MOTHER'S MAIDEN NAME

U.S.

Thomas McKewen

17. INFORMANT

Mary Thompson

ADDRESS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown)

16. SOCIAL SECURITY NO.

Own Business

CAUSE OF DEATH

Alice A. McKewen, wife, 711 N. Linwood Ave

LEADING TO DEATH .
(This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION

(If in Baltimore City, give exact location)

20. AUTOPSY

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., atc.)

21B. PLACE OF INJURY (e. g., in or

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

19A. DATE OF OPERATION

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED NOT WHILE AT WORK

22. I certify that I took charge of the remains described above, held an

ASSISTANT MEDICAL EXAMINER

thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER.....

Balto.Md

23A STGNATURE

248. DATE une 19. 1950 Loudon Park Cem.

MEDICAL INVESTIGATOR. CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 3801 Frederick Rd.

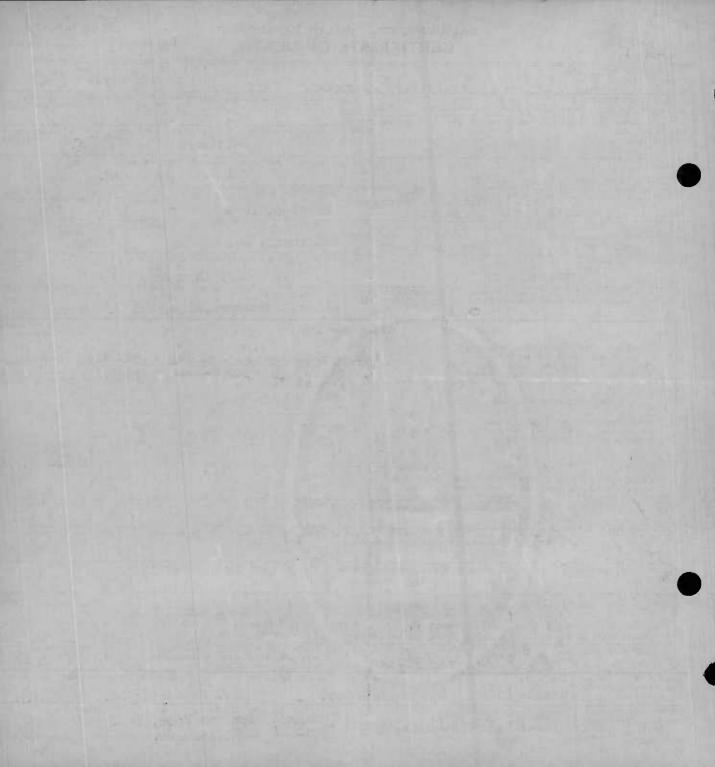
DATE REC	EIVED	BY
LOCAL RE	GISTR.	AR_
HIN	161	95

24A. BURIAL, CREMA-TION REMOVAL (Specify)

burial 25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. REGISTRAR'S SIGNATURE

260143 DE Cliedison St

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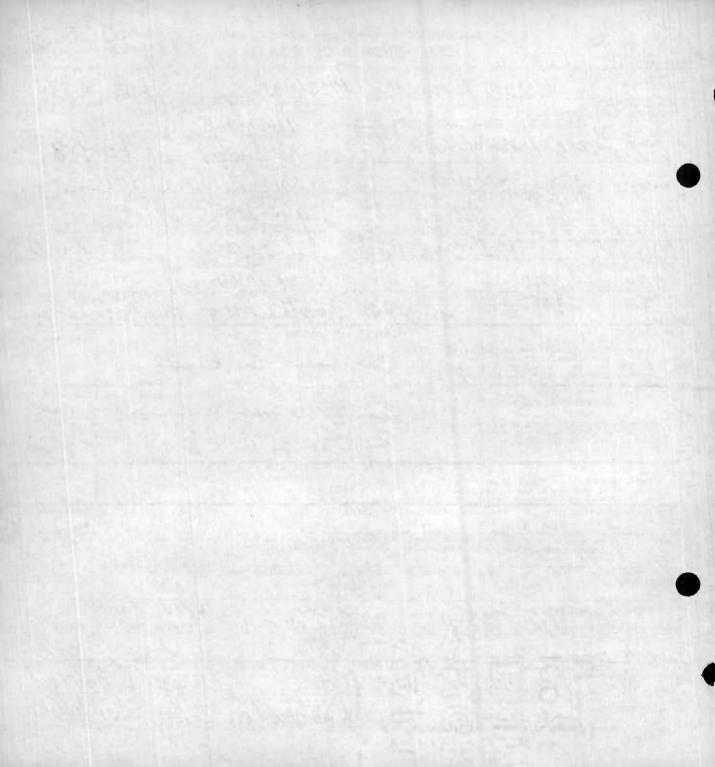
BALTIMORE CITY HEALTH DEPARTMENT

5365

P	IRTH NO.	,		CERTIFICAT	E OF DEATI	H	Registered	110	
	NAME OF D	FCFASED				1	2. DATE		
(Type or Print) Ezra Thomas Lee							OF June	15 10	סבט
3	3. PLACE OF DEATH:				4. USUAL RESIDE	ENCE (W)	ere deceased lived	If institution	residence
		City, Maryland	A. STATE		B. COUNTY	befo	re admission		
В.	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR Findhament Names of Home				1	yland			
	NSTITUTION	Elmhurst	,		C. CITT OK TOWN		utside corporate lin	nits, write RU	RAL and give township
6	0	1708 Euta	w Place			timore		1-00	
			1-	Yrs. Mos.	D. STREET ADDRE				
		tay in Baltimore		years Days	11	2 Fall	s Road		
5	. SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED,	8. DATE OF BIRTH		9. AGE (in years	If Under I Year	If Under 24 Hours
	Male	White	Mai	VED. DIVORCED (Specify	May 2, 1875		last birthday)	Months: Days	nours Min.
10	DA. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	State or for	eign country)	12. CITIZ	EN OF
"W	atchman	Baltimore C	ity Re	etired 5 years	North Card	olina		WHA	COUNTRY
1	3. FATHER'S		1		14. MOTHER'S MA	IDEN NA	ME		
	Malach				Alice Hard		W. L.		
-					ALICE HAI	uy			
(Ye	m, po or unknown)	D EVER IN U.S. ARMEI (If yes, give war nr date	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	*	000 0 000 1 1	ADDRESS	D 1
	NO				Clarence T.	Lee	7713 Old 1	Harrord	Road
	18. 42	2.1		CAUSE	OF DEATH			INTER	VAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY			- 1		ONSET	AND DEATH
		LEADING TO DEA'	TH	(in	Vin Time	e Lle	VITI		Relia
	heart failu	not mean the mode ore, asthenia, etc. It mea	ins the diseas	se,	Many T. whom G d			الماسان	, ,
	injury or	complication which	caused death	n.) DUE TO	1				0
		ANTECEDENT CAUSES							
Z				(B)	TU Soloco	1416		42	
12	RISE TO T	S OR CONDITIONS, I	STATING T	NG HE DUE TO					
A	UNDERLY	YING CONDITION LA	AST.	(C)					
ERTIFICATION							·····		***************************************
F		- 11	5.07 . 4						
8		IGNIFICANT CONDI							
Ü	TO THE D	ISEASE OR CONDITION							
_	19A. DATE C	OF OPERATION O	98. MAJOR	FINDINGS OF OPE	RATION			20.	AUTOPSY?
M								YES	NO L
MEDICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., farm, factory, street, office bldg.,			in Baltimore City	, give exact	location)
同	CAUSE OF	DEATH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2	210. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	RED 21F. HOW DID	INJURY	OCCUR?		
9	OF INJURY			WHILE AT NOT WHILE					
			m.	WORK AT WORK		/ /	-4-0		
	22. I hereb	y certify that I att	tended the	account from	med at 815Am	y to fe		S.C, that I l	
	deceased a	live on some f	3 1950.	and that death occu	110000000000000000000000000000000000000	, from the	c causes and on	the date st	tated above
	23A. SIGNA	TURE-	100		23B. ADDRESS	- 11	01	23c.,DA	TE SIGNED
1	/-	Morand		12/11/1 M.D.	40316	alll	ACOV.	161	115/50
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)								
	Burial	June 17,	1950	Good Shepher	d	How	ard Co., Ma	aryland	
D	ATE RECEIVE				25. FUNERAL DIR			ADDRES	S
L	OCAL REPIST	ADWEDT IN	tor Mu	inche, Mile			ma 2627	Falls F	Pood
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	VS 150	. Frige.	and the standing	Herman State Stands	10	12		92	5

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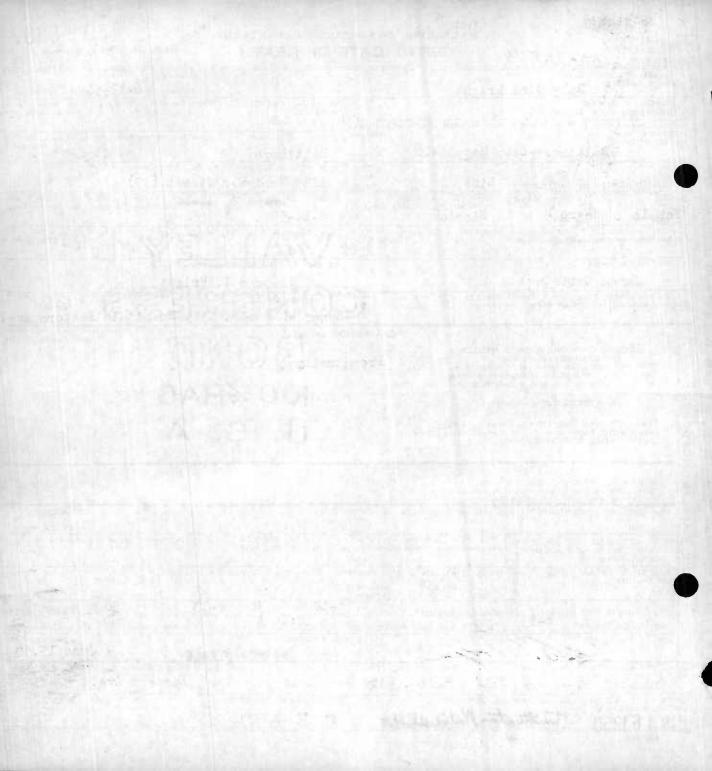


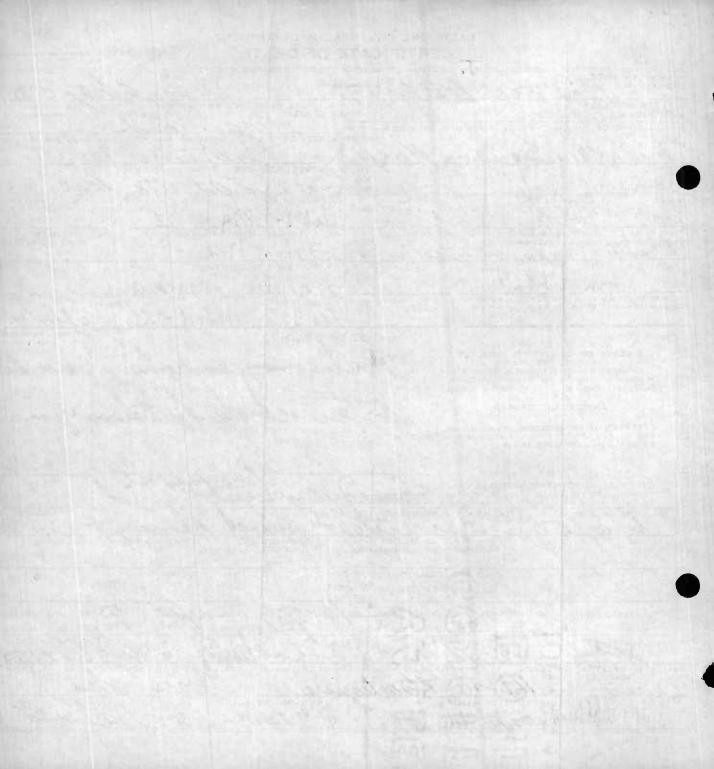
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50 - 5370BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Smith 6/13/50 Ben DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Baltimore A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 720 S. Hanover Street Baltimore, City D. STREET ADDRESS (If rural, give location) Yrs. Mos. 720 S. Hanover Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) 10A, USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Lateren Construction 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES: 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO - 20-576 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 11 Mes. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE ! AT WORK May ine 13, 19 JO that I last saw the 22. I hereby certify that I attended the deceased from_ we (31950, and that death occurred at & I. m., front the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR 24B. DATE TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1 6 1950 VS 150 " I THE THE PROPERTY OF THE PARTY OF THE PAR

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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	CERTIFICAT	E OF DEATH	registere	110.		
1. NAME OF DECEASED (Type or Print) ANNA	L. CARBAOK	4 ii	2. DATE OF DEATH	UN 15 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (
B. FULL NAME OF (If not in hospi	tal or institution, give street address or location	Ma	B. COUNTY	before admission		
HOSPITAL OR INSTITUTION	C. CITY OR TOWN	f outside corporate lin	mits, write RURAL and giv			
10MMS ROI	About 45 yrs yrs.	Balle	more.	16-07		
Length of stay in Baltimore	Mos. Days	o. STREET ADDRESS OF	lioll S	t		
5. SEX 6. COLOR OF RACE	WIDOWED, DIVORCED (Specify)	July 27, 1883	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Min		
10A. USUAL OCCUPATION (Give kind o rork dooe during most of working life, even if retired	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY		
House Work	At Home	Baltimore County, Md. U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN	AME	Terror Terror		
Tobias B. Yo		Rebece	a Mummey			
15. WAS DECEASED EVER IN U. S. ARME Yes, oo or uokoown) (If yes, give war or dat NO	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	PKINS HOSPITAL	ADDRESS		
18. 7. LOX	CAUSE	OF DEATH		INTERVAL BETWEE		
heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L OTHER SIGNIFICANT COND	caused death.) DUE TO SES IF ANY, GIVING STATING THE DUE TO 4/	vary Occle	sion Diabet	u fis		
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			9		
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e.g.,	io or 21C. WHERE DID	(If in Baltimore City	y, give exact location)		
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.,		(a. m. Danimore Ori,	, give exact location)		
21D. TIME (Month) (Day) (Year OF INJURY) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		Y OCCUR?			
22. I hereby certify that I at deceased alive on 1.5		-14 1950, to 1		50, that I last saw the the date stated above		
23A. SIGNATURE	incens M. D.	23B. ADDRESS JOHNS HOPKIN		6-15-50		
24A. BURTAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240. I	OCATION (City, to	vn, or county) (State)		
Burial June 19	1950 Ebenezer M.E.		ase, Balto.	Oo., Md.		
DATE RECEIVED BY REGISTRAL	s signature	25. FUNERAL DIRECTOR	901 S. Con	ADDRESS		
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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF houist Bockese DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION ///Catonsville township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. 27yrs. Catonsville . Md Length of stay in Baltimore Davs 5. SEX 6. COLOR OF RACE AGE (In years | H Under | Year | H Under 24 Hours last barthday) | Months: Days | Hours: Min. 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Widowed 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLAGE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF Joseph s WHAT COUNTRY Sexton St 13. FATHER'S NAME 14. MOTHER'S MAILEN NAME Unknown Bochese 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of cervice) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Irs. Melvin White . 16 Park Drive CR CONSVILLENAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK WORK 19 5 Othat I last saw the 22. I hereby certify that I attended the deceased from_ deccased alive on_ . 19 30, and that death occurred at Im., from the capses and on the date stated above. 23c. DATE SIGNED 23A, SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) BUCIAL 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, tiwn, or county) 24B, DATE 4300 Old Frederick Rd. Balto. Md. New Cathedral. June 19/50 ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 12/c4101 Edmondson Ave.

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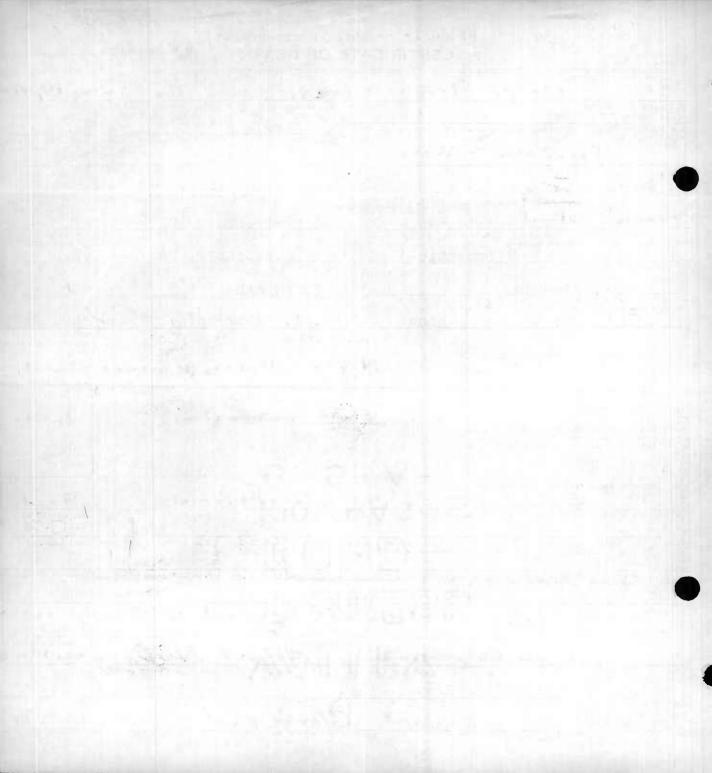
5377 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF OECEASED 2. DATE (Type or Print) u me, 14,1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland 2000 HOSPITAL OR location C, CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Provident 14018. Annapolis D. STREET ADORESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Fleet Street Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year It Under 24 Hours last birthday) Months; Days Hours; Min. Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF wark dane during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Domestic A.A.County, Md. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chas SIMPKIIIS

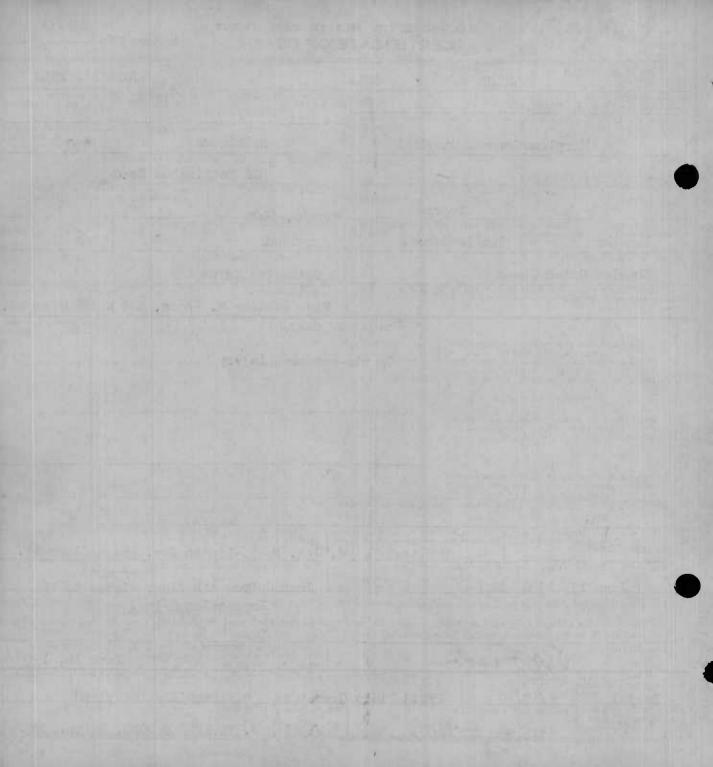
15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yee, give wer ar dates of service) Elizabeth 16. SOCIAL 17. INFORMANT AOORESS (Yee, no nr unknown) SECURITY NO. No No None I. Simpkins(S)327 McMechen St INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Nephrosclerosisof uremia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-(crebral arteriuspain TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198, MAJOR FINOINGS OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIOENT, SUICIOE, 21B. PLACE OF INJURY (e.g., in nr 21c. WHERE OIO HOMICIDE (Specify) about hume, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURREO 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 6/14/199 that I last saw the 22. I hereby certify that Lattended the deceased from m., from the causes and on the date stated above. deceased alive on and that death occurred at_ 23B. ADDRESS 23C. DATE SIGNEO 23A. SIGNATURE men W. Pen dent una 14,1950 24A. BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town or county) 6/18/50 Brewer Hill Annapolis. Md. Burial ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE 512 N. Carrollton Av VS 150 131a

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50 5379 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) June 15, 1950 TDA H. INTERRANTE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 506 McCabe Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 506 McCabe Ave. Length of stay in Baltimore Davs AGE (In years | # Under | Year | # Under 24 Hours last birthday) | Months; Days | Hours | Min. 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) It Under 24 Hours WIDOWED, DIVORCED (Specify) female white Jan. 15, 1884 married 10A. USUAL OCCUPATION (Givekinder) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Heiser 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uoknown) SECURITY NO. Dr. Nicholas Interrante 506 McCabe Ave. no no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebral Vascular Accident LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, pertensive Cardio-Vascular 24ts. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION important. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A, ACCIDENT, SUICIDE, INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY especially 1949, to 44 8 15, 1950, that I last saw the 22. I hereby certify that I attended the deceased from Vy h C deceased alive on VINC 1950 and that death occurred at 7 m., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 23A, SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, tewn, of county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 6/17/50 Burial Moreland Memorial Park ADDRESS DATE RECEIVED BY RÉGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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BIRTH NO).			CERTIFICAT	E OF DEATH	negistered no			
1. NAME (Type or Pr	OF DECEAS		STON	С.	HEDRICK	2. DATE OF June	13, 1950		
3. PLACE A. Baltim	of DEATH:	Maryland			A. STATE	CE (Where deceased lived, If in B. COUNTY	stitution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Harbor, Pier 5, Pratt Street					Maryland c.city or town Baltimore				
Length	of stay in	Baltimore		Yrs. Mos. Days	p. STREET ADDRESS (If rural, give location) 710 Fairmount Avenue				
S. SEX		Colored	WIDOW	MARRIED, ZED, DIVORCED (Specify VOCCED	8. DATE OF BIRTH	lost hirthday) Mont	der I Year hs Days Hours Min.		
10A. USUA	L OCCUPAT	ION (Give kind of glife, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country) 1:	2. CITIZEN OF WHAT COUNTRY?		
13. FATHE			rubii	.C			USA		
	nown				14. MOTHER'S MAID Unknown	EN NAME			
15. WAS DE (Yes, no or unk	CEASED EVER	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Catherine Be	17. INFORMANT ADDRESS Catherine Bennett 1305 Lemmon Street			
Z DISE UND	EASES OR CONTROL TO THE ABOUT OF THE ABOUT O	ean the mode centa, etc. It mea cation which conditions, in conditions, in condition La in condition La in cant condition to condition conditions	ins the discase aused death BES F ANY, GIVIN STATING THIST. TIONS CONNOT RELATE	(B)					
U 19A. DA	TE OF OPE			FINDINGS OF OPER	RATION		20. AUTOPSY?		
UNDER UTING UTING 210. TII OF INJ	ME (Month) URY	AUSE WAS DR CONTRIB- OF DEATH. (Day) (Year)	about home, for (Hour)	CE OF INJURY (e.g., arm, factory, street, office bldg., Harbor 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	Found float 21F. HOW DID IN	sing in Pier 5, Pr	e exact location)		
Andread							thereon and from day stated above, letermined .		
	GNATURE	R	Fro	Qa.	23B, CHIEF MEDI	CAL EXAMINER 23c.			
24A. BURI TION, REMOV	AL. CREMA- /AL (Specify)	24B. DATE 6-16-5		Mt. Auburn	RY OR CREMATORY 2	4D. LOCATION (City, town, or Baltimore, Mary			
地區重	EIGHT OF Y	REGISTRAR'S	SSIGNATU		25 FUNERAL DIRECT		pobesse		
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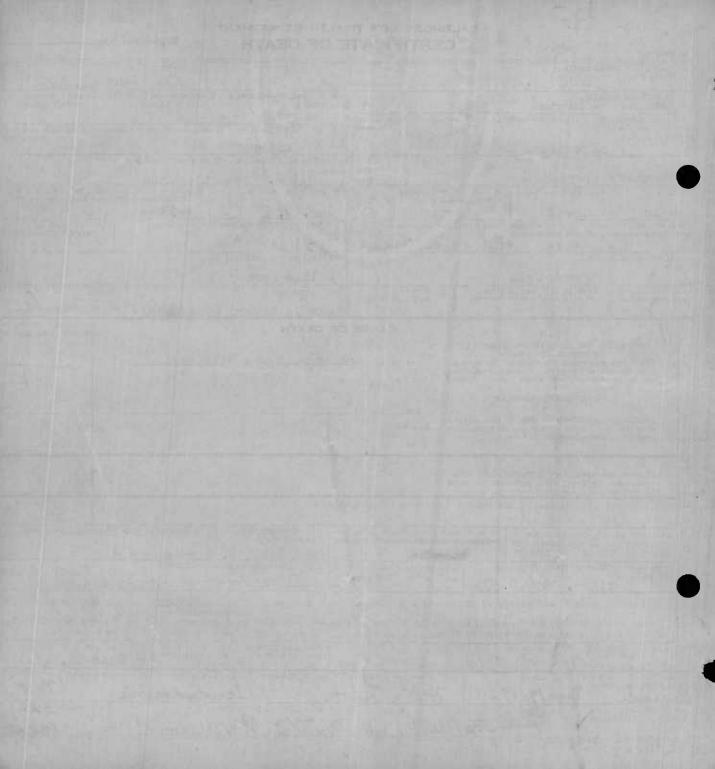
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 50 - 09865 1. NAME OF DECEASED 2. DATE WILSON (Type or Print) DELORES OF VUNE 15,1950 ORANIA DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY MAKYLAND B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) HOSPITAL UNIVERSITY BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. 107 N. FREEMOUNT Length of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year 7. SINGLE, MARRIED, I Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) FEMALE NEGRO MAY 20, 1950 26 SINGLE 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY MARYLAND INFANT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HATTIE ESTELLA WILSON HRISTOPHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or ooknown) (If yes, give war or dates of service) SECURITY NO. 1070 FREEMOUNT. MOTHER NO NTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY on genital Heart disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION -20. AUTOPSY YES 21A. ACCIDENT, SUICIDE, 21c. WHERE DID 218. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT Cus 22. I hereby certify that I attended the deceased from JUNE 15 22. I hereby certify that I attended the deceased from JUNE 15, 1950, to JUNE 15, 1950, that I last saw the deceased glive on JUNE 15, 1950, and that death occurred at 13 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23¢. DATE SIGNED mulouty. Mune 15, 1950 ome 24A. BURIAL CREMA-24C NAME OF CEMETERY OR CREMATOR REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

death

of

causes

write

Physicians:

important.

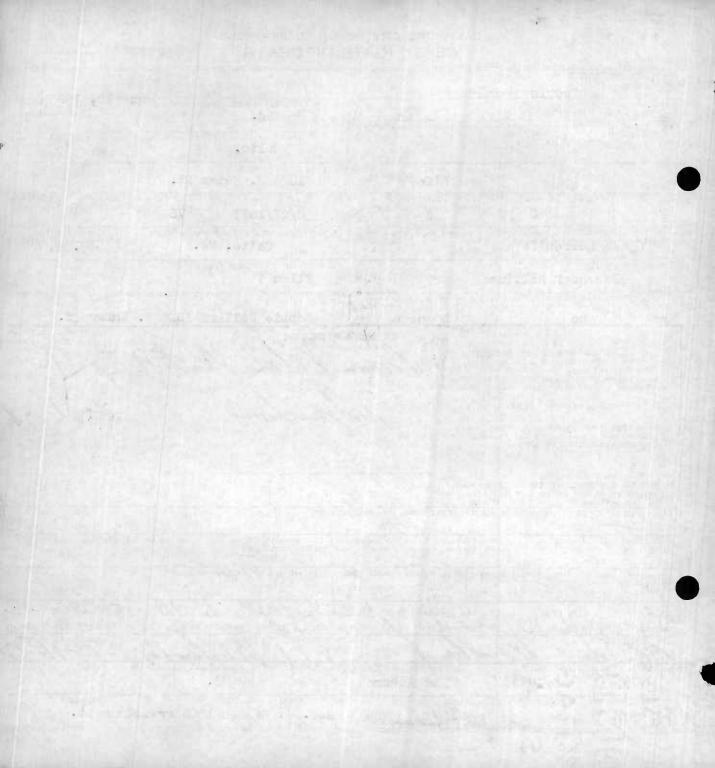
UN 5 6:1350 157

correct to especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

50 5384

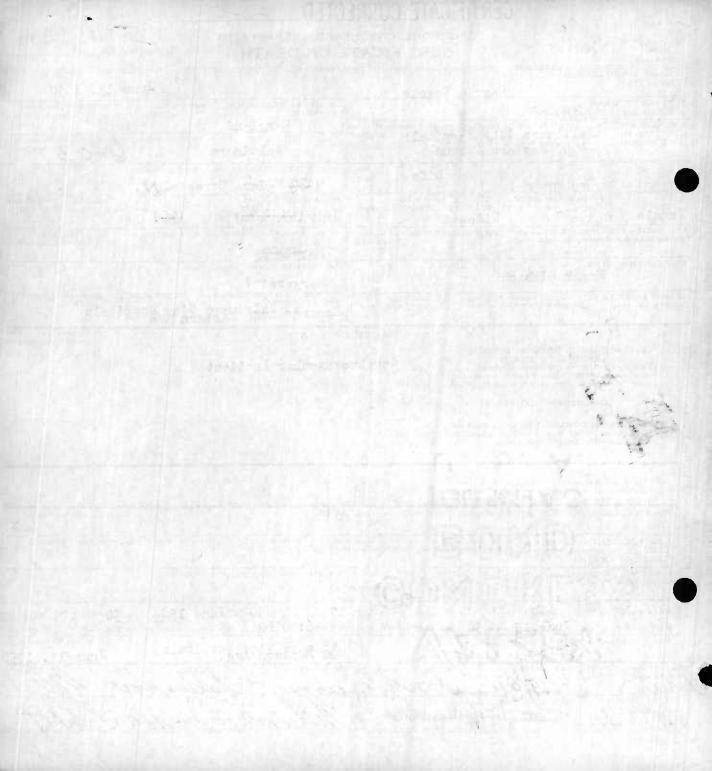
В	RTH NO.			CERTIFICAT	E OF DEATH	Registered	1 No.	
1. NAME OF DECEASED 12. DATE								
(1	ype or Print)	Tempie S	tewart			OF DEATH T	30 3050	
Α.	3. PLACE OF DEATH: A. Baltimore City, Maryland \ 2 4 7. E. Tour D. A. STATE Md. B. COUNTY before admission							
H	FULL NAME OSPITAL OR ISTITUTION	OF (II not in nospit	at or institu	tion, give street address or location)		lf outside corporate li	mits, write RURAL and give	
	00			V		11-04		
	Length of s	tay in Baltimore		Life Yrs. Mos. Days	1024 N. Eutaw St.			
5.	F	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8/27/1871	9. AGE (In years last birthday)	H Under 1 Year H Under 24 Hours Months Days Hours Min.	
1C wor	A. USUAL OC	CUPATION (Give kind of of working life, even if redired)	10B. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Balto.		12. CITIZEN OF WHATSCOUNTRY	
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
		lexander Will			Ellen ?			
13 (Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	no	no		none	Sophie Polls	ard 1024 N. 1	But aw St.	
	18. 42	1.4.	V-11	CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTLY	//	0/1/	11 An	ONSE! AND DEATH	
		LEADING TO DEA	TH	1/1/20 -	: I alselie to	Heat 11.		
	heart failt	ire, asthenia, etc. It mes	ans the diseas	se,		I was a second	ly 1.	
	injury or	injury or complication which caused death.) DUE TO						
		ANTECEDENT CAUS	SES	(1)	1.		9	
Z	(B) JUMINIUM							
임		S OR CONDITIONS, I						
4		YING CONDITION L						
E				(0)				
F		11		(C)				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
,				FINDINGS OF OPER	RATION		20. AUTOPSY?	
Y		-					YES NO	
EDICA	21A. ACCIDI HOMICIDE	ENT, SUICIDE. (Specify)		ACE OF INJURY (e.g., i. farm, factory, street, office bldg.,		(If in Baltimore City	y, give exact location)	
Z	-	(Marth) (Day) (Year)	\ (TT)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	A OCCUPA		
	OF INJURY	(Month) (Day) (Year)	(Hour)			(OCCOR!		
	All and the second		m.	WHILE AT NOT WHILE				
	22. I hereb	y certify that I at	tended the	deceased from 5	-/5 1950 to	6-13,19	5 That I last saw th	
	deccased q	1 10		and that death occur	rred at 5 m. from		the date stated above	
	23A SIGNA				3B. ADDRESS	11	23c. DATE SIGNED	
	/m	m/6/. 11	books	And M. D.	8/1/1/1	Mho las	6-15-50	
2	24 BURIAL CREMA-1 24B DATE 124C NAME OF CEMETERY OR CREMATORY 1 24D, LOCATION (City, town, or county) (State)							
TI	ON, REMOVAL (S	6/17/5	50	Mt Auburn	Me	d.		
P	ATE RECEIVE	D BY REGISTRAR	'S SIGNATI	URE	25. FUNERAL DIRECTOR		ADDRESS	
N	16 1950		tautor	Milliame, Man	Geo G Kelson	1303 Presst	man St.	
	VS 150	A grafatha	in a series	- All and the second			927	



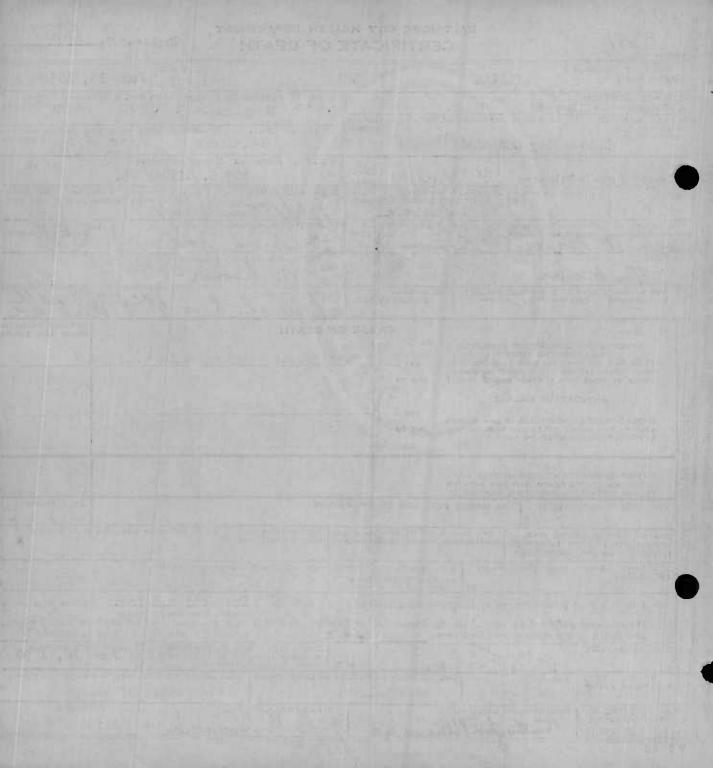
BALTIMORE CITY HEALTH DEPARTMENT 5385 Registered No-CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased liver. If in titution; residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yr D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGUE, MARRIED 9. AGE (In years) If Under 1 Year 8. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12, CITIZEN OF work done during most of working life, even if retired) NDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date) of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. NTERVAL BETWEEN 18. CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Arterioseler dic Cardinase ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT important. EDICA YES NO C (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 2Ic. WHERE DID 21A. ACCIDENT, SUICIDE. INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK . 19 that I last saw the 22. I hereby certify that I attended the deceased from_ 0,190 , and that death occurred at from the causes and on the date stated above. deceased alive on lo 23B ADDRESS 23A. SIGNATURE 23c. DATE SIGNED ILON, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATOR , town, or county) 25 PANYERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE ことを ははない からかんのかの VS 150

AND SAME OF THE OWNER OF THE PERSON OF THE P

CERTIFICATE CORRECTED BALTIMORE CITY HEALTH DEPARTMENT 5386 CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF June 15, 1950 Carrie Desele 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF altimore City Hospitals location) Maryland (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 4940 Eastern Avenue Baltimore township) D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. Length of stay in Baltimore (320) Madera Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTHO 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. White Female July (18, 1888 Widowed 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Kinbach Margaret ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT 16. SOCIAL imore City Hospitals (Yes, no or unknown) SECURITY NO Records Total 18. 331X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Cerebrovascular Accident heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from May 19 , 1950, to June 15 , 19 50 that I last saw the deceased alive on June 15, 19 50, and that death occurred at 6:00 PM., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED City Hospitals June 15. 24A BURIAL, CREMA-TON, REMOVAL (Specify) 24B. DATE 240. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS W STATE OF THE PARTY WAS BOTH VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF June 15, 1950 WILLIAM RAU DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore University Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 40 Ms 209 S. Gilmor St. Length of stay in Baltimore Days 7. SINGUE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under I Year It Under 24 Hours last, birthday) Months; Days Hours Min. It Under 24 Hours and WIDOWED, DIVORCED (Specify) udowed 10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR rook do be during most of working life, even first red in the life of the life 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even firetired) INDUSTRY WHAT COUNTRY sabinel Maker 13. FATHER'S NAME xprown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL es E. Raw 1806 mo 17. INFORMANT (Yes, no or unknown) SECURITY NO. causes CAUSE OF DEATH 18. 427. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO important. 218, PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE ATT NOT WHILE AT WORK WORK Inspection & Ing. thereon and from 22. I certify that I took charge of the remains described above, held an _ Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🕱 accident 🗆, suicide 🗀, homicide 🗀, undetermined 🗀. June 16, 1950 23B, CHIEF MEDICAL EXAMINER X 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION_REMOVAL (Specify) BUR181 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24B. DATE Mount Olivet Frederick, Maryland 6-19-50 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 901 Hollins Street and the state of the state of the state of



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5388 Registered No.

B	RTH NOSO	()		OLICIA TOTAL	- Or DEATH		
1.	NAME OF D					2. DATE OF T	
			. Virgi:	nia Bohaska		DEATHUUNE	
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived, l B, COUNTY	f institution : residence before admission)
9.	FULL NAME		al or institut	tion, give street address or		vland	
IN	STITUTION			location)	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
	41	St. Joseph's	Hospi	tal	Bal	timore / -	- O Cownship)
			7.0	Yrs. Mos.		SS (If rural, give location)	
-		tay in Baltimore	Life	e Days	123	Rochester Place	
5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years)	fonths Days Hours Min.
	Fe.	White	Wide		12-25-91	58 59	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (S	state or foreign country)	12. CITIZEN OF
WOL.	Hwfe.	MACINITIES IN C. CAGO II ACTILOGY		INDUSTRI	Baltim	ore, Maryland	WHAT COUNTRY!
13	B. FATHER'S				14. MOTHER'S MA	IDEN NAME	
	Ni	cholas Hartm	an		Eva.	?	
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	I 16. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	James W. Bo		nester Place
	18. 17	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEA	TH		al Thrombosi	s:	
	heart failu	re, asthenia, etc. It mes	ns the disea	se,		••••••••••••••••••••••••••••••••••••••	
	injury or	complication which	aused deat	n.) DUE TO			
	ANTECEDENT CAUSES						
O	DISEASE	(B)Arteriosclerotic cerebral disease					
F	RISE TO T	THE ABOVE CAUSE (A)	STATING T	HE DUE TO			
0							
F		11		(C)			
ERTIFICATION		SIGNIFICANT COND					
CE		ISEASE OR CONDITION	CAUSING	IT			
L				FINDINGS OF OPER			20. AUTOPSY?
CA	June 10		Diver	ticulosis, Div	erticulitis	of colon.	YES NO X
EDICA	HOMICIDE	ENT, SUICIDE, (Specify)	about home,	ACE OF INJURY (e. g., i: farm, factory, street, office bldg., e	te.) INJURY OCCU	ID (If in Baltimore City, R?	give exact location)
ME							ad
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		INJURY OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereh	u certifu that I att	ended the		1/ 1950	O, to 6/13/ , 195	O that I last saw the
	deceased a	line on 6/13/	1950	and that death occur	red at 2:50PM	from the causes and on	the date stated above.
	23A STONA		, 10,		38. ADDRESS	, ,	23c. DATE SIGNED
	1 An	mes D.	all	are M.D.	1400 N. Ca	aroline Street	6/13/50
2	4A. BURIAL.	CREMA- 24B. DATE				24D. LOCATION (City, tow	n, or county) (State)
TI		rial 6-17-	50	Holy Redeemer		Rollain Da Dal	+ 0 110
0	ATE DECENIE	D. D.V. I. DEGLESS	S SIGNAT		25. FUNERAL DIR	Belair Rd, Bal	ADDRESS
L	OCAL REGIST	18450 m	+ W	Iliana Anna	111 7:1	NA 102 C W	7.C. CA
=	1011	Thursday,	14 JAN 145	Manney ()	was to the	9012 403 S. Wo	He Street
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Joseph T. Dementa - Nov E. offentier Flate The state of the s LAND THE PROPERTY OF The state of the s

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF Mary Anna Vance DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN INSTITUTION St. Joseph's Hospital Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mos. 1809 N. Chester Street Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY Hwfe. & SHLES LADY Baltimore, Maryland
14. MOTHER'S MAIDEN NAME Own Home 13. FATHER'S NAME CONROD 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO 7-22-4656 ROBT. B. VANCE CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral Hemorrhage (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Hypertension DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION important. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE

50 - 5389Registered No-June 15, 1950 B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) 9. AGE (In years) AGE (In years | ff Under | Year | ff Under 24 Hours | last birthday) | Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS 1809 NOCHESTER ONSET AND DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

NOT WHILE

21F. HOW DID INJURY OCCUR?

1400 N. Caroline Street

22. I hereby certify that I attended the deceased from 6/15/ , 19 50 to 6/15/ , 19 50 that I last saw the deceased alive on 6/15/ 1950, and that death occurred at 3:40P. M. from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED slumila

Maddelin 24A. BURIAL, CREMA-TON, REMOVAL (Specify) Puras

25. FUNERAL DIRECTOR

240, LOCATION (City, town, or county)

ADDRESS 7.00 F

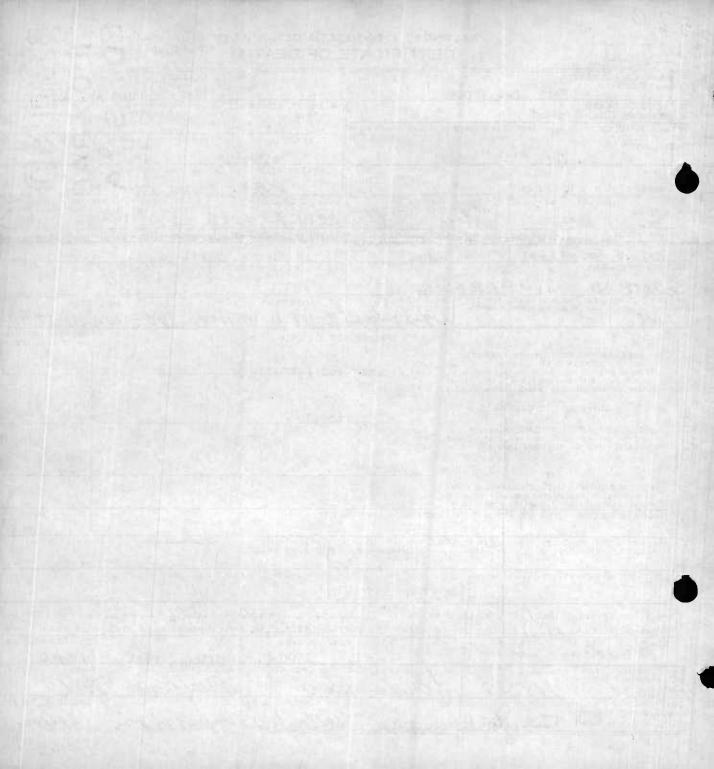
20. AUTOPSY

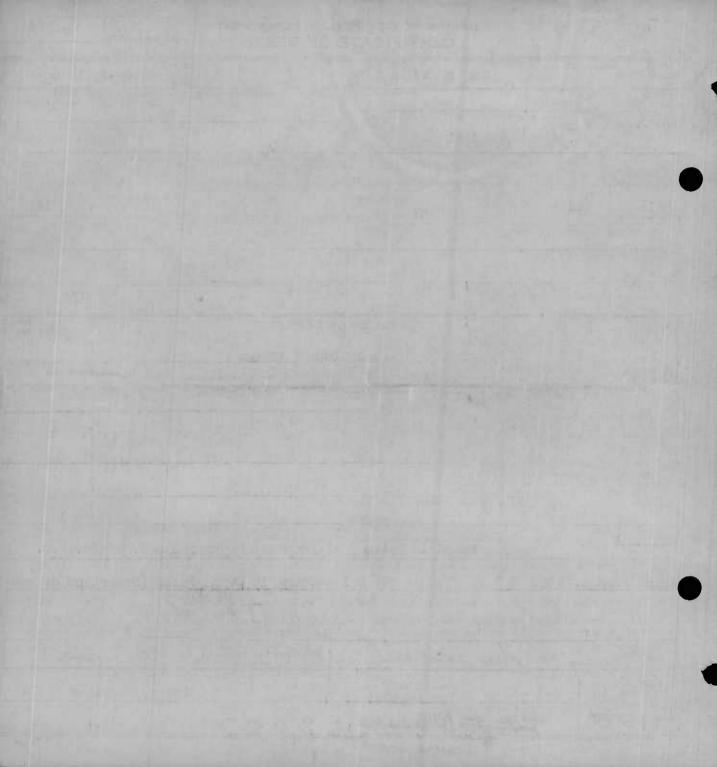
NO X

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

especially





BALTIMORE CITY HEALTH DEPARTMENT

50 5394

B	RTH NO.	-M.,	CERTIFICAT	E OF DEATH	Registered No.	0001		
	NAME OF D	therine Bonac	ccorsi		2. DATE OF DEATH June 15	1050		
A.	PLACE OF D	City, Maryland 11		4. USUAL RESIDENCE (
II H	OSPITAL OR STITUTION	OF (If not in nospit	al or institution, give street address or location)		f outside corporate limits, v	write RURAL and giv township		
	Length of s	tay in Baltimore	40 Yrs. Mos. Days	D. STREET ADDRESS (If	f rural, give location)			
	SEX Female	6. COLOR OR RACE	7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 28 1883	9. AGE (In years H Und	dei 1 Yeer H Under 24 Hours his Days Hours Min		
10 worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)		11. BIRTHPLACE (State or f	foreign country) 12	2. CITIZEN OF WHAT COUNTRY		
	Gi	useppe Di H	Benedetto:	14. MOTHER'S MAIDEN N	\$			
15 (Ye	, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS		
	18.			Serafina Bonacco	rsi 1117 Gran	by St.		
	(This does heart failu	SE OR CONDITION LEADING TO DEA' not mean the mode of tre, asthenia, etc. It mea complication which of	TH of dying, e.g., ons the disease, caused death.) DUE TO	rehil hen	unkay	ONSET AND DEATH		
NO	DISEASES	ANTECEDENT CAUS S OR CONDITIONS, I	F ANY GIVING	him My	Carley Julle	n 1 year		
RTIFICATION	UNDERLY	HE ABOVE CAUSE (A)	STATING THE DUE TO	Lat Commen	the bu	2.1		
T		11	_(C)	Low Court		-		
CER	TRIBUTING	SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED					
			98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
MEDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or 21c, WHERE DID ()	If in Baltimore City, give	exact location)		
N	21D. TIME (OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?			
	22. I hereby certify that I attended the deceased from , 194 to b 15 , 195, that I last saw to deceased alive on 15, 195, and that death occurred at m., from the causes and on the date stated about							
	23A. SIGNAT			38. ADDRESS		23c. DATE SIGNED		
TIC	A. BURIAL, C N. REMOVAL (S Burial	June 17	1950 . Holy Redeemer	Cemetery 443	OCATION (City, town, or Belair Rd. B	altimore Md		
D.C.	TE RECEIVED CAL REGIST	RAR Turku	Street Hilliams, Mar	25. FUNERAL DIRECTOR	322 S.High S	t.		

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ge is especially important. Physicians: please write the causes of death clearly and legibly.

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50 - 5392BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) WASINGTON B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore 1201-303 Days 5. SEX 6. COLOR OR RACE ff Under 1 Year 7. SINGLE, MARRIED 9. AGE (In years) II Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF NDUSTRY work done dwink most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no ownnknown) SECURITY NO -10-599 INTERVAL BETWEEN 18. 20 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION important. NO M (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK 6-16-50 - 16-5019 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 6 -/6 1920, and that death occurred at 5 m., from the causes and on the date stated above. 23c. DATE SAGNED 23A. SIGNATURE 238. ADDRESS 24D. LOCATION (City, Wwn, or county) 24A. BURIAL, CREMA-248 DATE 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) un E/ KEMOVAL 2827 ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

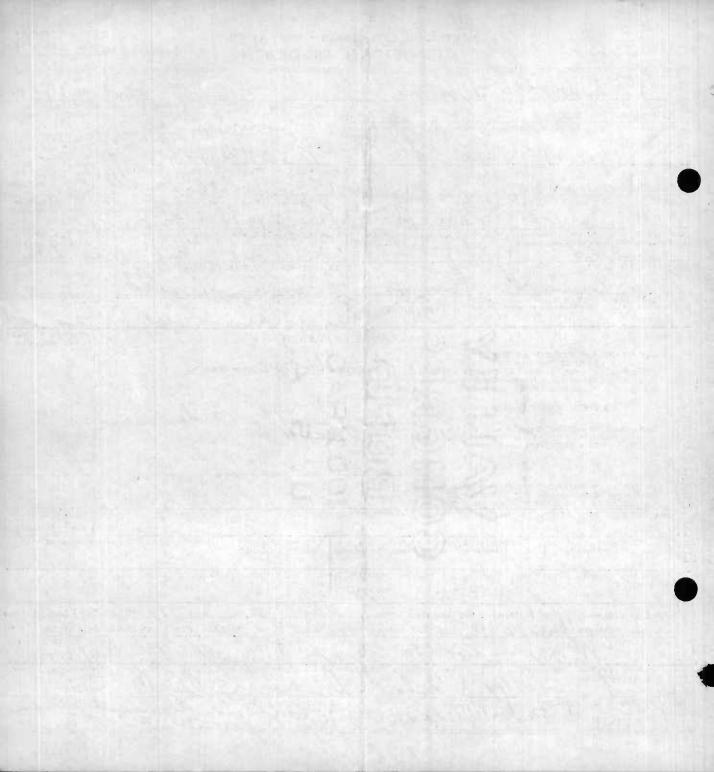
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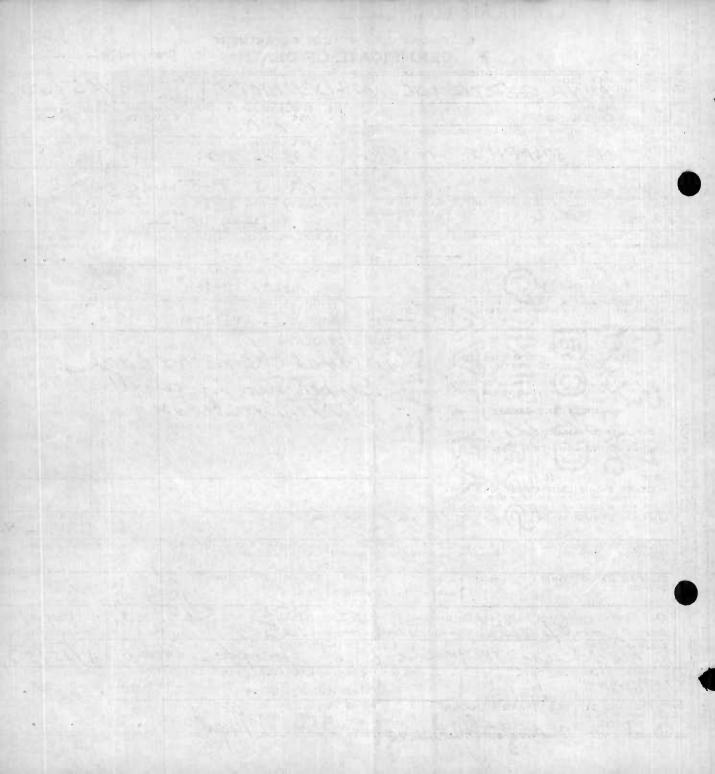
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ARTHUR P. SIMMS BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. QUUTY before admission befor 3. PLACE OF DEATH A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or P. FULL NAME OF location \ C. CITY OR Alf outside corporate limits, write RURAL and give INSTITUTION Yrs. ADDRESS (rural, give location) D. STREET Mos. lana Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE Z. SINGLE, MARRIED.
WIDOWED, DIVORGED (Specify) AGE (In years II Under I Year II Under 24 Hours last birthday) Months; Days Hours Min. Il Under 24 Hours marue 02 12 CITIZEN OF WHAT OUNTRY? 10A. USUAL ACCUPATION (Give kind of work doved pring most of working life, even if retired) 108. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECKASED EVER IN U. S. ARMED FORCES? myoo 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronelo (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO cardio vascula ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or ! 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK /mas 1910, to__ Leve 14, 1900 that I last saw the 22. I hereby certify that I attended the deceased from_ m., from the causes and on the date stated above. deceased alive on June 14, 19 12. and that death occurred at 1 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMA 24B. DATE LEAD. LOCATION (City Jown, or county) TION, REMOVAL (Specify) Burea REDISTRAR'S SIGNATURE DATE RECEIVED BY AGDRESS. LOCAL REGISTRAR VS 150

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-1	2	36 CERTIFICATE CORRECTED	6-20-50	
5	BI	5.394	TE OF DEATH Registered No	5394
	1.	NAME OF DECEASED	CDERMOTT 2. DATE OF OF DEATH	15/50
	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived, If in	etitution: residence before admission)
. A.	H	OSPITAL OR IDEAL OR ST. JOSEPH'S HOSP.		write RURAL and give township)
leg to		Length of stay in Baltimore Life Yrs. Mos. Days	12 S Potomac	54.
y allu	7.	Encole 6. COLOROR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Widowed	9) 8. DATE OF BIRTH 1884, 9. AGE (In years last birthday) Dec. 19 (1896) 65 (-34) Mont	dei 1 Year hs Days Hours Min.
Clean	work	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) HOUSEWITE		WHAT COUNTRY!
deam		Michael Finn	14. MOTHER'S MAIDEN NAME Annie Smith	
מבים חד	15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO.		Potomac .
is. picase wine un	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	perlensin and arteriò oclerosis	
DACAGA	RTIF	OTHER SIGNIFICANT CONDITIONS CON-		
L 11.3	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
• 1	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION	20. AUTOPSY?
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ST.	M	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! WHILE AT NOT WHILE M. WORK AT WORK	E	
rs especia		23A. SIGNATURE	urred at 124m., from the causes and on the	that I last saw the date stated above. 23c. DATE SYGNED
30	24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or	6/15/50 edunty) (State)
200	TIC	ON DEMOVAL (Specify)	hedral Cem. Paltimore,	Md.
20110		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	35. FINERAL DIRECTOR A Horan 3000 E. Bal	to. St.
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

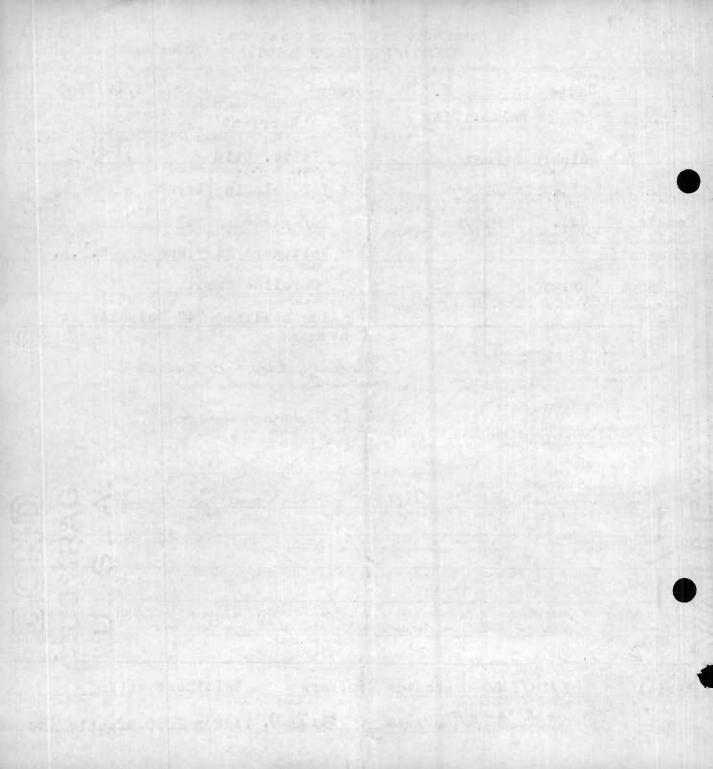
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Registered No. 1. NAME OF DECEASED 2. DATE 6/14/1950 Sadie M. Dorsey DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland Balto, City B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location c. CITY OR TOWN (If outside corporate limits, write RURAL and give township 747 Dolphin Street Balto. City o STREET ADDRESS (If rural, give location) Yrs. Mos Length of stay in Baltimore Days 747 Dolphin Street 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | H Under | Year | H Under 24 Hours | Months; Days | Hours | Min. 10/6/1882 Col. Widow 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S.A. Housewife Baltimore Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Murray Caroline Scott 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Alma Williams 747 Dolphine St No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., arterioscleratic cardioheart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Samile degeneration DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES (If in Baltimore City, give exact location) 21A. ACCIDENT. SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bidg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from about 14, 1947, to June 14, 1950, that I last saw the deceased alive on \$, 1950. and that death occurred at 5: 450 m., from the causes and on the dute stated above. 238. ADDRESS 234 SIGNATURE 23c. DATE SIGNED blel 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B. DATE 6/18/1950 Arbutus Mem. Park Baltimore City Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS IIIN 171950 Wilson I000 Brantly A ve

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BALTIMORE CITY HEALTH DEPARTMENT Registered No 50-5396 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Catherine Barrett DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 15 South Mount Street township) Raltimore Yrs. p. STREET ADDRESS (If rural, give focation) Mos. 83 yrs. 15 South Mount Street Length of stay in Baltimore Days 6. COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In year: If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Fourel Times. June 9, 1867 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Religious Baltimore, Maryland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Barrett Catherine Carroll 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Mt. & Hollins btreets the Good Shepherd SECURITY NO no NTERVAL BETWEEN 332 X CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebre Chronom. Perspir left LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Stoker-abour Syndisme ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK Jecus 16 - 1950, that I last saw the 22. I hereby certify that I attended the deceased from from , 1950 to deceased alive on June 16 1950, and that death occurred at .m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Maxard 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY! 24D, LOCATION (City, town or county) 24B, DATE Balto., Md. Cathedral Burial 6-19-50 REGISTRAR'S SIGNATURE HUNTINGTON Williams, M.D J.J. Fahey & Sons-1318 Light St. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR

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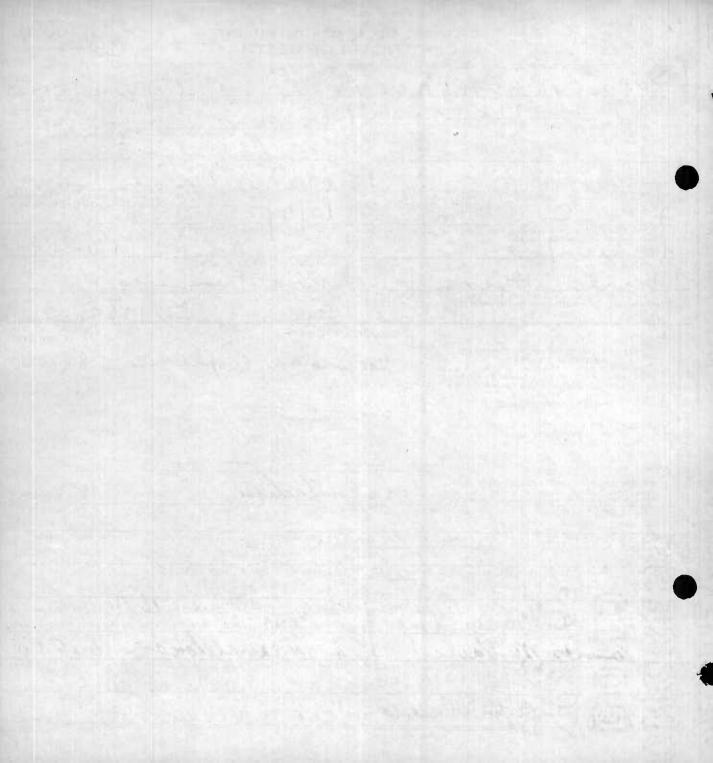
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased fived, If institution : residence A. Baltimore City Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution sive street address or HOSPITAL OR 1913 Eutow Toce location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (onum D. STREET ADDRESS Alf rural, give location) Yrs. Mos. Elen av Length of stay in Baltimore 6. COLOR OF RACE SINGLE, MARRIED. WINDOWED, DIVORCED (Specify 8. DATE OF BIRTH AGE (In years | H Under | Yesr | II Under 24 Hours last birthday) | Months: Days | Hours | Min. 9. AGE (In years) I Under 24 Hours undle 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? rome 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoowo) (If yes, give war or dates of service) 16. SOCIAL (Yes. oo or uokoowo) SECURITY NO. ne more 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY generalized arteriosclerosis LEADING TO DEATH
(This does not mean the mode of dying, e.g., sev years heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 cachamia 3 months OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED old fractured hip, healed. TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE [1949 to June 16 , 19 50 that I last saw the 22. I hereby certify that I attended the deceased from Jan deceased alive on June 15, 1950, and that death occurred at 9:004m., from the causes and on the date stated above, 23A. SIGNATUR 23B. ADDRESS 23c. DATE SIGNED 2431 MARYLAND AVENUE oou 24A. BURIAL, CREMA-24D_LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS VS 150 . It will be grant with the winds

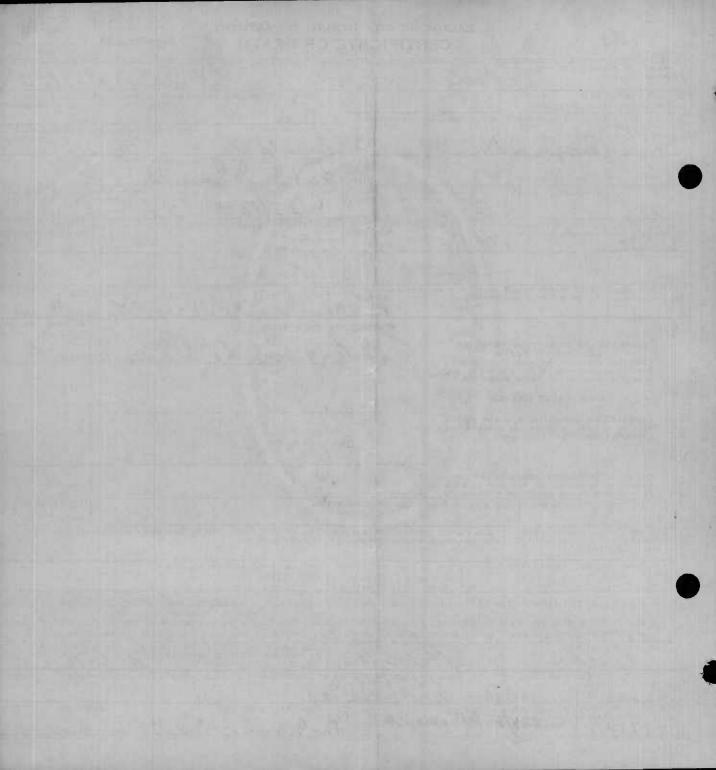
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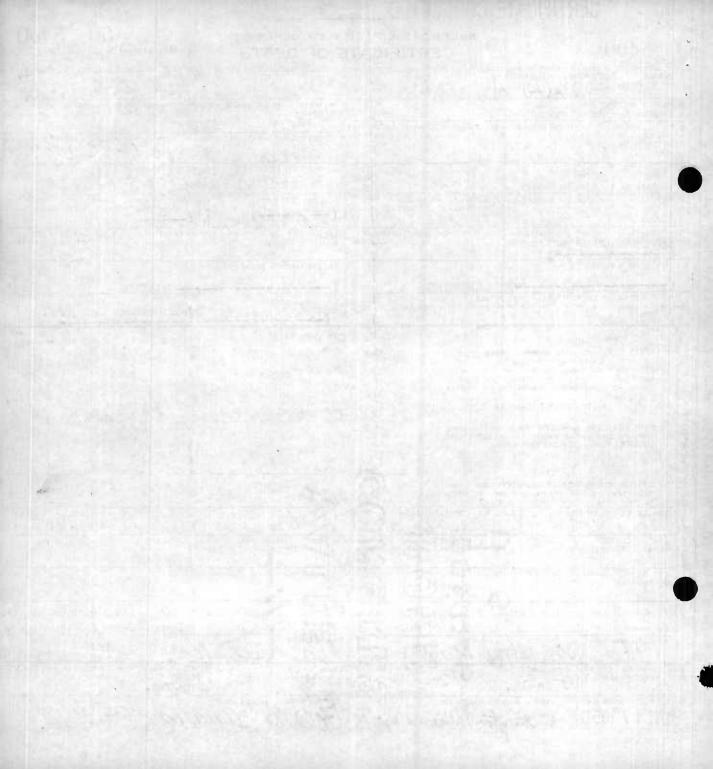
Physicians:

important.





TIFICATE CORRECTED 10-20-50 50 - 5400BALTIMORE CITY HEALTH DEPARTMENT 5400 Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED laude 2. DATE (Type or Print) DEATH 3, PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CLIX OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Dreward Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Words | 24 Hours | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) married (pr-22-) 10A. USUAL OCCUPATION (Give kind of work Jone during most of Vorking life oven if retired) H. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY Comment of the B 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO 3122 Howard Pk. Ave. NO NONE. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO melved leukemia 8 wks ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL important. lempoyal 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e/g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE especiall 6-11, 1950, to 6-16, 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 6-15, 1950, and that death occurred at 12i25Am, from the causes and on the date stated above. 23A, SIGNATURE 23BAADDRESS 23c. DATE SIGNED 6-16-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 246. LOCATION (City, town, or county) Providence Methodist Burial Church Comptery NERAL DIRECTOR Kemptown, Md. DATE RECEIVED BY ADDRESS 4510 Liberty VS 150 1369



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	DU	04	U
Registered	No		

-		
	NAME OF DECEASED LouisaM. Furst	2. DATE OF OF DEATH 6. 15. 1950
	Baltimore City, Maryland Kotor Homital	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission
	FULL NAME OF (If not in hospital or institution, give street address or	Narylana
IN	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and gi
1	Hottors Hospital	Machinor 16-08 township
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore I / Days	1 2404 Education Uve.
5	SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 He last birthday) Months; Days Hours; Mi
	emure mare mans.	100. 6 1813 76
WOZ	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
	housefule	rathmore 11.5.A
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Namel Mohr	Charlotte Mohr Doell
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	no no	Mrs. Katherine Frank 3609 Crossland Av
	18. 4 30 / CAUSE	OF DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEA
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	mary & acturism
П.	heart failure, asthenia, etc. It means the disease.	15. 10.1. 5001.
	injury or complication which caused death.) DUE TO	what security
7	ANTECEDENT CAUSES	erionlerons Pour of 100
Ó	DISEASES OR CONDITIONS, IF ANY, GIVING	Jumanyan
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
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Ë	(c)	
2	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
Ü	TO THE DISEASE OR CONDITION CAUSING IT.	
۲	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
S	21a. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in	yes No land No
EDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	
M		
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI	
	m. WHILE AT NOT WHILE MORK AT WORK	
	22. I hereby certify that I attended the deceased from	aylo, 10 to the 13, 19 , that I last saw t
	22. I hereby certify that I attended the deceased from deceased alive on theoff, 1950, and that death occur 23A. SIGNATURA	rred at 820 p.m., from the causes and on the date stated abou
	23A. SIGNATURA	38. ADDRESS 23c. DATE SIGNE
	walle a diction ons.	DOOT Steamen plus (of 6 5)
24	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State
	Burial 6/19/50 Loudon Park	Cem. Balto., Md.
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR. ADDRESS A
1	OCAL REGISTRAR	OH . I would I was land

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В	SAU2 CERTIFICAT	E OF DEATH Registered No.	0.10%
(7	NAME OF DECEASED ype or Print) Edward Mayne Mc Le	2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If in	16-50 stitution: residence
B. H	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of location structures) GENERAL OR LOCATION Union Memorial Institution	or Md.	
	Length of stay in Baltimore Yrs. Mos. Days	10 St. George Rd.	
10	A. USUAL OCCUPATION (Givekind of a done during most of working life, even if retired) Vice President 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif, married) married 108. KIND OF BUSINESS OR INDUSTR Industrial Supply	June 12, 1902 48 11. BIRTHPLACE (State or foreign country)	ader Year If Under 24 Hausths Days Hours Min
	Patrick John McLernon	14. MOTHER'S MAIDEN NAME Belle McKeeg	-3-1/21
15 (Ye	b. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) 16. SOCIAL SECURITY NO. 212-03-7629		DRESS Rd. St. George's
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	onary Heart Bistans	INTERVAL BETWEE
ERTIFICATION	ANTECEDENT CAUSES (B)		
CER	TRIBUTING TO THE OBATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
EDICAL	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH.		
MI	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY MILE AT WORK NOT WHILE AT WORK	E	
	22. I certify that I took charge of the remains described	above, held an Autopsy, Inspection or Inquiry	thereon and from

especially important. Physicians: please write the causes of death clearly and legibly.

and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

Druid Ridge Cem.

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

25 FUNERAL DIRECTOR .

23B. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR..... 23c. DATE SIGNED 240. LOCATION (City, town, or county)

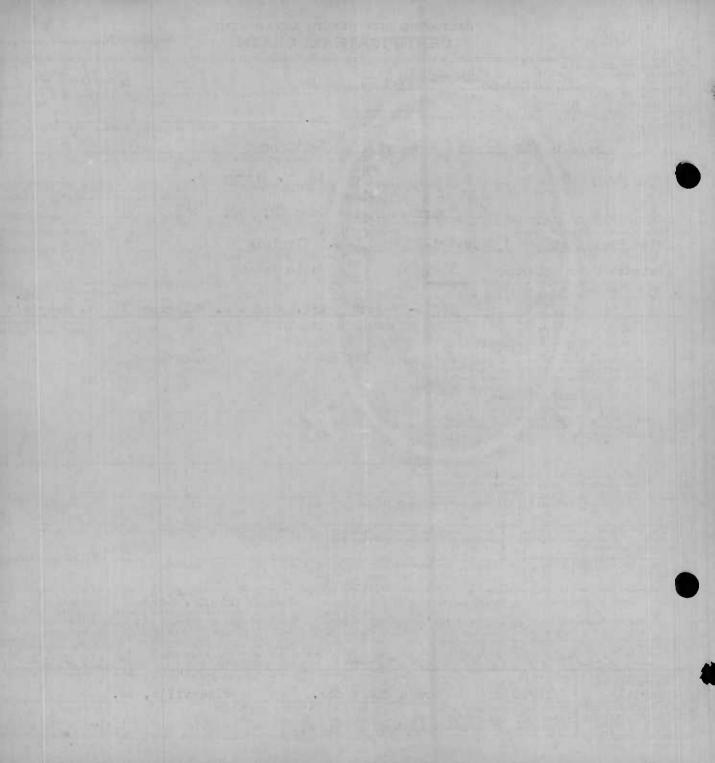
> Pikesville, Md. ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR VS 151

Burial

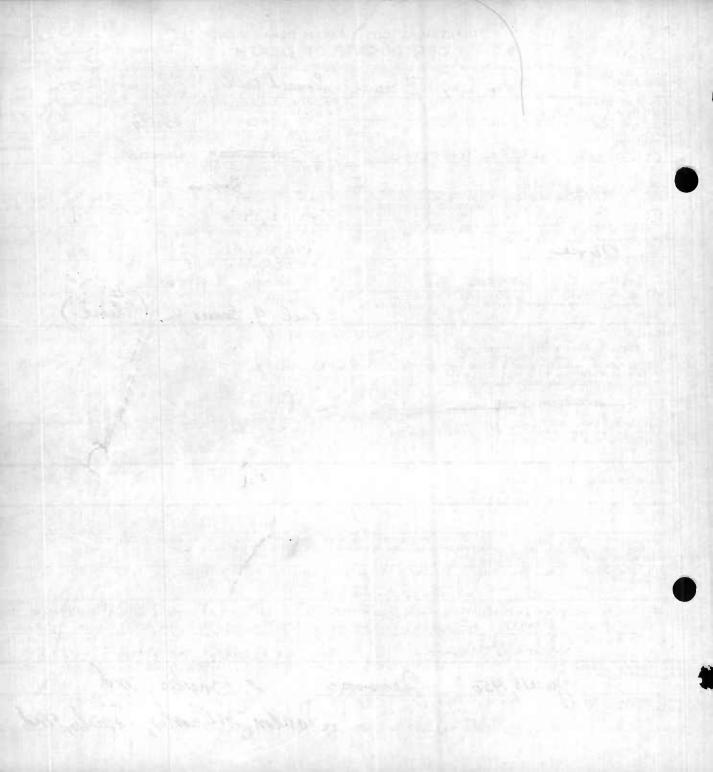
REGISTRAR'S SIGNATURE tution to Williams

6/19/50



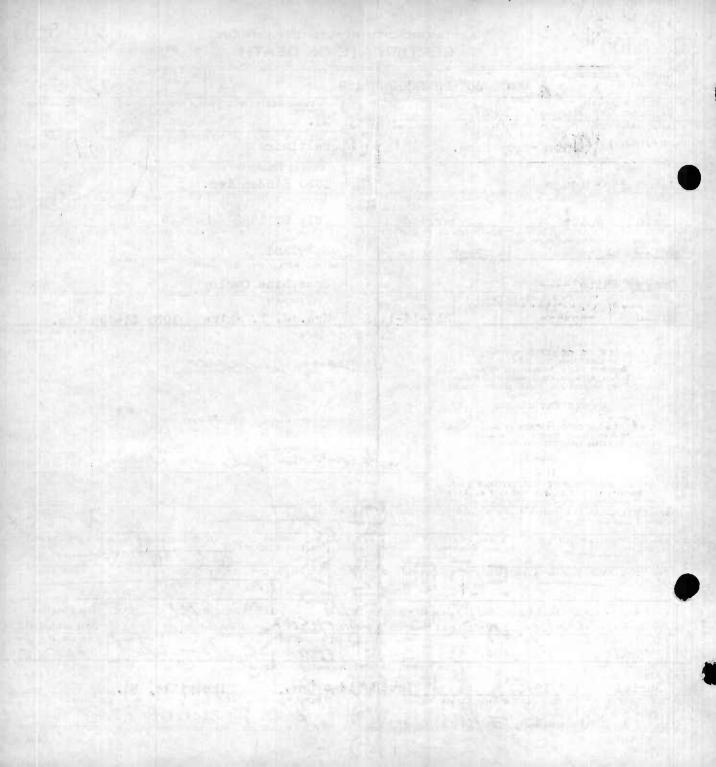
50 - 5403BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITE mulle Yrs. (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? never employed Pennsylvania 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME Henry Garlets Lydia Sturtz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITET 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. NO L YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 21c. WHERE DID LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from . 19 50 that I last saw the 19 00 to 6 deccased alive on 6-/6- 19 So and that death occurred at/ 35 m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) Burial 6/19/50 Mt. Olivet Cem. Balto. . DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS VS 150

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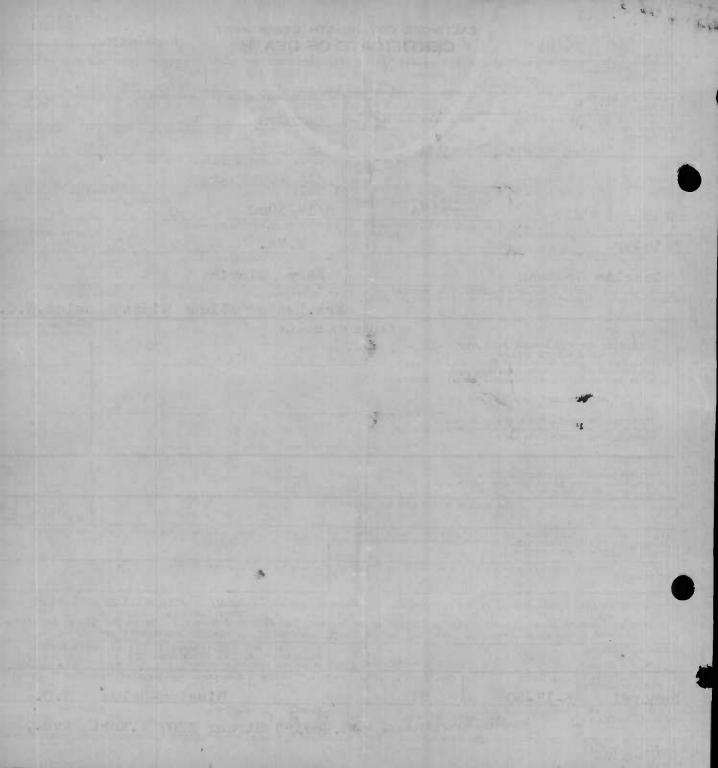
Physicians: important. especially 240 BURIAL, CREMA-TION, REMOVAL (Specify) Pikesville, Md. Burial Druid Ridge Cem. 6/19/50 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS mo. VS 150



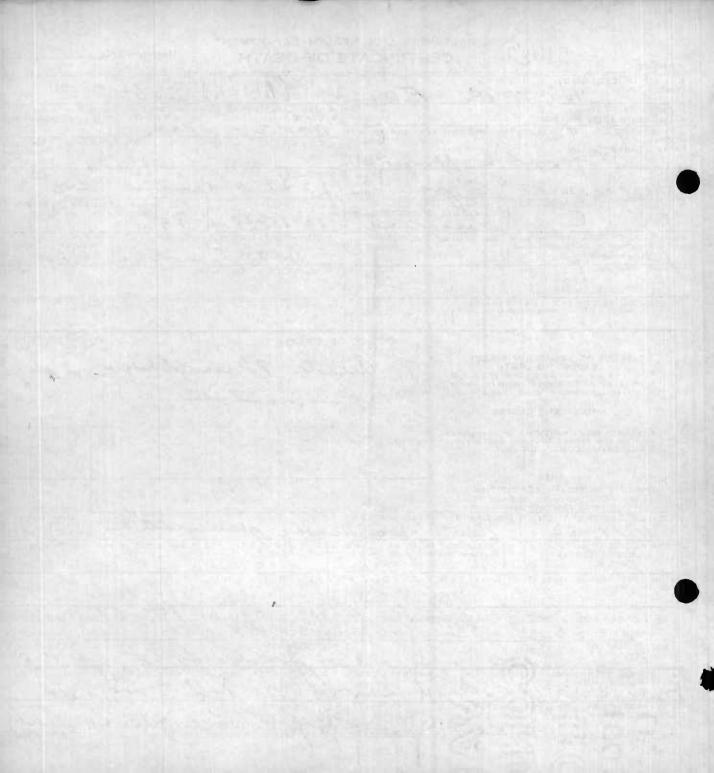
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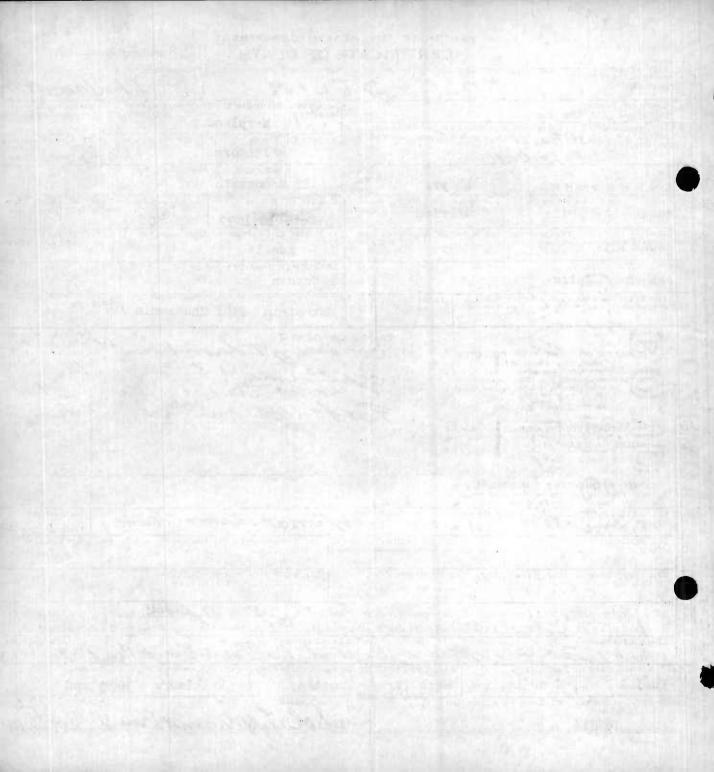
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N-240 5409 50 8400 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE VAGEL GEORGE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give Sinai Hosptial INSTITUTION Middle River D. STREET ADDRESS (If rural, give location) Yrs. 5 Mos. 126 S. Bowling Road Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under I Year | | H Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) June 28, 1902 Married Male

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Harford, Co. Auto Mechanic 14. MOTHER'S MAIDEN NAME Anna L. Bond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) SECURITY NO. Ethel N. Nagle 126 S. Bowling, Rd 212-075-911 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ULLER EDICA PEPTIC 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 1950, to 6/12 22. I hereby certify that I attended the deceased from 6/12 _, 19 50 that I last saw the deceased alive on 6/19 _, 1956 and that death occurred at_ _m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 238. ADDRESS Tank 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY Fountain Green, Md Mt Zion Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR 18 1950 vs 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No.____ CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF June 16, 1950 Mary Gross Finney 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF none HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 200 Goodwood Gardens Baltimore 61 Yrs. D. STREET ADDRESS (If rural, give location) Mos. . Length of stay in Baltimore 200 Goodwood Gardens Davs 6. COLOR OR RACE SINGLE, MARRIED last birthday) Months Days Hours Min. 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) female white widowed June 2, 1868 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Harrisburg, Pa. housewife U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Wengerd George A. Gross 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Dr. John M. T. Finney, Jr. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute myocardial decompensation. Sudden (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Chronic cardio-vascular disease on DISEASES OR CONDITIONS, IF ANY, GIVING an arterio-sclerotic basis with RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. auricular fibrillation. ? yrs. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I arended the deceased from 2/19/1943, 19, to 6/16/50, 19, that I last saw the deceased alive on 1/16/50, 19 and that death occurred at 10.30 Bn., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 48. DATE

Presbyterian Church

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Physicians:

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JOSAL BEGISTRAR VS 150

DATE RECEIVED BY

6 - 18 - 50

REGISTRAR'S SIGNATURE

burial

25. FUNERAL DIRECTOR

ADDRESS John Q.Mitchell & Sons, Inc. 1900 Butaw Pl.

Churchville, Maryland

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50 5411 BALTIMORE CITY HE	ALTH DEPARTMENT	
CERTIFICATE	E OF DEATH Registered No	
BIRTH NO. 1. NAME OF DECEASED		
(Type or Print) Henry John Dunker	2. DATE OF	10 1050
3 PLACE OF DEATH	DEATH JUNE 4. USUAL RESIDENCE (Where deceased lived, If insti	tution residence
A Baltimore City, Maryland 5311 Sefton Avc.	A. STATE B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		ce
Institution as 1511 Sefton Ave.	C. CITY OR TOWN (If outside corporate limits, wr	township)
Yrs.	Bultimore Md. 27-	77
Langth of stay in Politiman Life Mos.		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years f Under	1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months	
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR	May 7, 1887 63	
work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Bultimore Md.	
	14. MOTHER'S MAIDEN NAME	
Frederick Dunker	Augusta Rasch	
15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	ESS
	Mrs. Elizebeth Dunger 551	eciton
18. 4 20. / CAUSE C	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		DINSET AND DEATH
(This does not mean the mode of dying, e.g.,	my Occhession	Toursdiele
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
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m. WORK AT WORK		
22. I hereby certify that I attended the deceased from	1970, to 1000, 1970, th	at I last saw the
deceased alive on 24 A, 1900. and that death occur		
23A SIGNATURE	5/1/ Con land Kind 1	BC PATE SIGNED
24A, BERIAL, CREMA: 24B. DATE 24C, NAME OF CEMETER	RY DR CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)
TIQN, REMOVAL (Specify)		(State)
Burial June /50 Immanuel	Crindon Lane	20566
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BALTIMORE CITY HEALTH DEPARTMENT

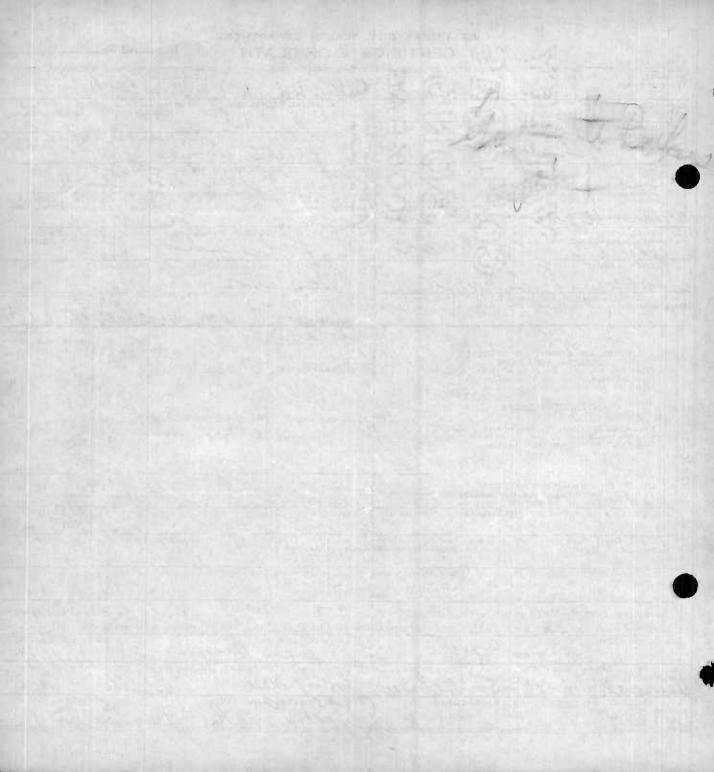
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BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B.			CERTIFICAT	E OF DEATH	Registered No)
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A. STATE B. COUNTY before admission) B. FULL NAME OF If In the hospital or institution, give street address or Inocation) INSTITUTION Length of stay in Baltimore S. SEX Length of Stay in Baltimore S. SEX S. COLOR OR RACE 7. SINGLE, MARKIED WOONED, DIVORCED (gl. str.) Longth of Stay in Baltimore S. SEX S. COLOR OR RACE 7. SINGLE, MARKIED WOONED, DIVORCED (gl. str.) WOONED, DIVORCED (gl. str.) Longth of Stay in Baltimore S. SEX S. COLOR OR RACE 7. SINGLE, MARKIED WOONED, DIVORCED (gl. str.) WOONED, DIVORCED (gl. str.) WOONED, DIVORCED (gl. str.) INDUSTRY 1. BIRTHHACE (State or foreign sountry) 1. MOTHER'S MAIDEN NAME LEADING TO DEATH This does not mean the mode of dring, e. E. INDUSTRY CAUSE OF DEATH This does not mean the mode of dring, e. E. INDUSTRY CAUSE OF DEATH This does not mean the mode of dring, e. E. INDUSTRY CAUSE OF DEATH ONE of the ABOVE CAUSE (A) ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF ANY, SIVING RISE OF THE ABOVE CAUSE (A) STAYING THE UNDERLYING CONDITIONS ON TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE COISTAGE OR CONDITIONS ON TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE COISTAGE OR CONDITIONS ON TAXING THE UNDERLYING CONDITION LAST. 1. ACCIDENT, SUICIDE, HOMICIDE, HOMICIDE, WOONE AT WORK OF THE MODE CONDITIONS OF OPERATION 1. BIRTHHACE (State or foreign country) 1. BIRTHHACE (State or foreign country	(7	Type or Print)	erlack (1	GERLAGK)	OF 6-	16-50
CCITY R TOWN If outside corporate limits, write RURAL and give No. STREET ADDRESS If rural, give location Country	A.	Baltimore City, Maryland		A. STATE -VIA	Where deceased lived, If in B. COUNTY	stitution : residence before admission)
Length of stay in Baltimore Length of Stay in Baltimore	H	OSPITAL OR /	tution, give street address or location)		f outside corporate limits	write RURAL and give
Length of stay in Baltimore Security Bear Security Security Bear Security S	11	Service Service		Daltun	one 15	
S. SEX S. SEX G. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH 9. AGE IT years Bibbin I least Bibbin I leas			50 Mos.	1 7/ - //	f rural, give location)	1,20
Subtraction	-		Daro		19 AGR (In years) # II	nder 1 Venr H Under 24 Hours
WHAT COUNTRY: WHAT C	7	vale white ""	OWED, DIVORCED (Specify)	o. DATE OF DATE	last bir (nday) Mont	hs Days Hours Min.
13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVERY M U.S. ARKED FORCEST (Ves. no or nahuova) (If yes, give was or dates of service) 16. SOCIAL 17. INFORMANT 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	10 wor	k done during most of working life, even if retired)		11. BIRTHELACE (State or	foreign country) 1	
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22. I hereby certify that I attended the deceased from 6-9, 1950, to 6-16, 1950, that I last saw the deceased alive on 6-16, 1950, and that death occurred at 430 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24C. NAME OF CEMETERY OF CREMATORY 24D. DOCATION (946) town, or county) (State)	Σ	210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended the deceased from 6-9, 1950, to 6-16, 1950 that I last saw the deceased alive on 6-16, 1950, and that death occurred at 400 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 23A. BURIAL, CREMA-1/24B. DATE 124C. NAME OF CEMETERY OF CREMATORY 24D. DOCATION (946) town, or county) (State)						
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MAKINY (A-18-30 MANIELLE WELL WELL WILL)	1	N. REMOVAL (Specify)	24c NAME OF CEMETE	oung Men 240.	OCATION (ON Itown, o	r county) [(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 28. FINERAL DIRECTOR ADDRESS LOCAL BEGISTEAR	D	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. PINERAL DIRECTOR	7	ADDRESS (

correct re is especially important. Physicians: please write the causes of death clearly and legibly.

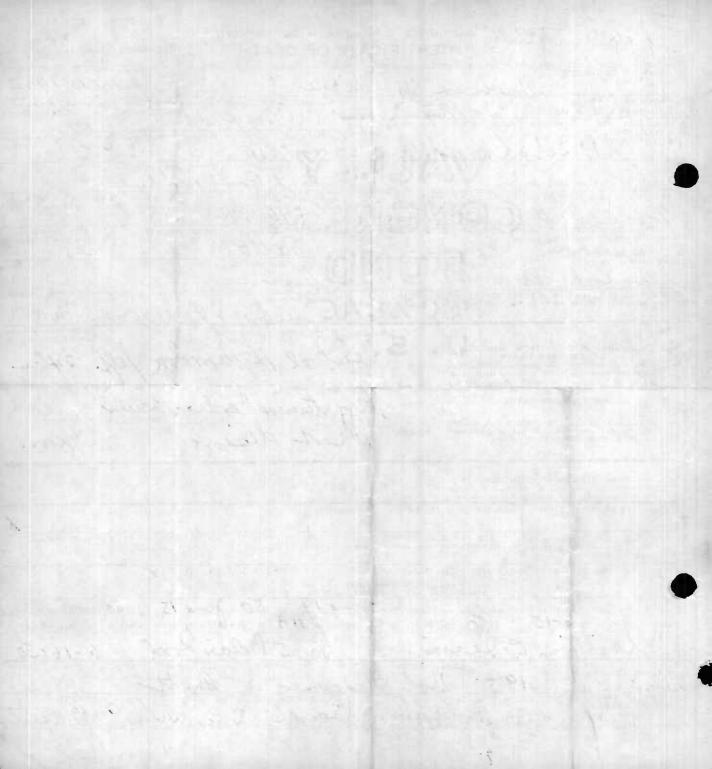
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1 Ar. Hearing	
TI AND THE BALTIMORE CITY HEALTH DEPARTMENT	50 5413
	Registered No.
1. NAME OF DECEASED (Type or Print) 9/2 cances M. Dira 2. DA	
a. Baltimore City, Maryland Baltimore City, Ma	ceased lived, If institution: residence COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside e	corporate limits, write RURAL and give
DO 21/2 ashland live, Balto	7-03 township)
Length of stay in Baltimore Yrs. D. STREET ADDRESS (If rural, given by the stay in Baltimore)	ve location)
B CEV C CCCION CONTRACTOR	E (In years If Under 1 Year If Under 24 Hours
Menul flette Widowed Oct 16,1890 79 last	birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign con INDUSTRY)	untry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	10.3 A
Horefor Shewella Gherera	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, mo or unknown) (If yes, give war or dates of service) SECURITY NO. 17 INFORMANT SECURITY NO.	ADDRESS ANDRUM CA
18. 447 V . CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	R left. 24hr.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
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RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO WHICH DIE TO UNDERLYING CONDITION LAST.	hear
	for.
OTHER SIGNIFICANT CONDITIONS CON-	
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a de la companya de l	YES NO
U LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	timore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR	R7
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from June 14, 1950 to June 1	5, 1950, that I last saw the
	es and on the date stated above.
23A. SIGNATURE 23B. ADDRESS QQ	23c. DATE SIGNED
24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION	N (City, town, or county) (State)
Burial Jun 19/50 Loly Redeemer Bar	N (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
JUN 181950 tutustand myself Me Prans brack	Sow 700h Chesty
VS 150	930

corrected is especially important. Physicians: please write the causes of death clearly and legibly,



9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Monthsi-Days | Hours | Min.

ADDRESS

Lehigh Street

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

YEST

, 1950, that I last saw the

23c. DATE SIGNED

(State)

(If in Baltimore City, give exact location)

TIS

BALTIMORE CITY HE		X 50 5414 Registered No.	
ymond Myszkiewicz	(Michaels)	2. DATE OF DEATH June 15, 1950)
stitution, give street address or location)	4. USUAL RESIDENCE (W	DEATH June 15 1950 Where deceased lived. If institution; reside B. COUNTY Defore a dr Outside corporate limits, write RURAL a	nission)
location)	c. CITY OR TOWN (If	outside corporate limits, write RURAL a	nd give

8. DATE OF BIRTH

17. INFORMANT

CAUSE OF DEATH

July 29, 1909

Sparrows Point, Maryland

North Point & Millers Island Rd

D. STREET ADDRESS (If rural, give location)

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

r.John Myszkiewicz. 323

14. MOTHER'S MAIDEN NAME

Rosalie Tyma

DECEA	ASED					
.)	Mr.	John	Raymond	Myszkiewicz	(Michaels)	
DEATH City,					4. USUAL RESIDENCE A. STATE	(Whe
E OF	(If not in	n hospital	or institution,	give street address or	Maryland	

16. SOCIAL

OUE TO

DUE TO

SECURITY NO.

5-09-3193

Mos.

Days

INDUSTRY

A. Baltimore B. FULL NAN HOSPITAL OR location) c. CITY OR TOWN INSTITUTION

St. Joseph's Hospital Yrs.

. Length of stay in Baltimore

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

Div.

Male IOB. KIND OF BUSINESS OR

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper 13. FATHER'S NAME

and

clearly

death

of

causes

Physicians: please write the

especially important.

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EDICA

Mack & Wichaels John Myszkiewicz 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or naknown) (If yes, give war or dates of service)

(Yes, no or nnknown) No 18. DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21A, ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or HOMICIDE (Specify)

about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

AT WORK 22. I hereby certify that I attended the deceased from_ deceased alive on 6/15/

REGISTRAR'S SIGNATURE

23A. SIGNATURE

24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, tourney sounts) 24B, DATE

. 1950 . and that death occurred at 8:15A M. from the causes and on the date stated above.

238. ADDRESS 1400 N. Caroline Street

> Baltimore Maryland 25. FUNERAL DIRECTOR ADDRESS

Saddwsiki & Sons, 1808 Eastern Avenue

DATE RECEIVED BY LOCAL REGISTRAR VS 150

6/19/50

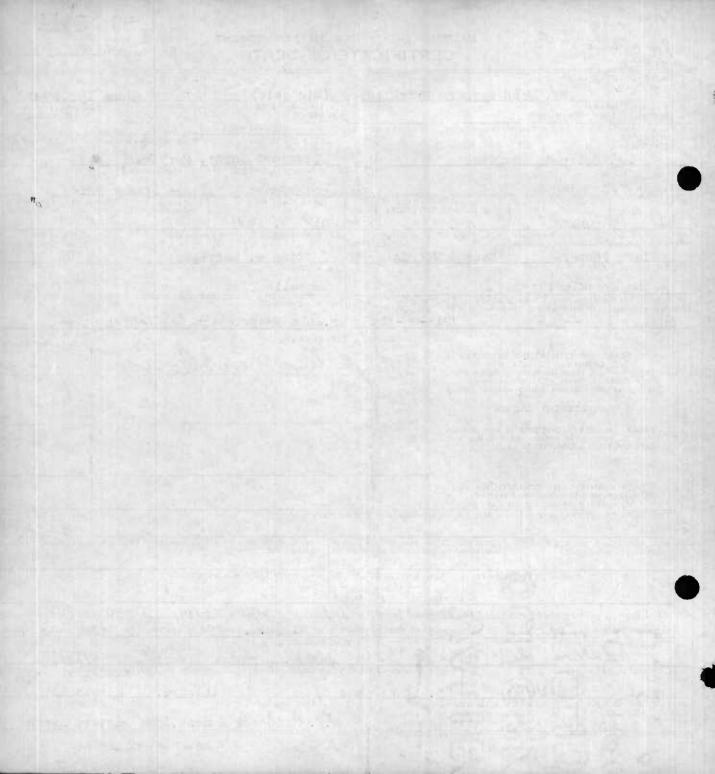
21c. WHERE DID

INJURY OCCUR?

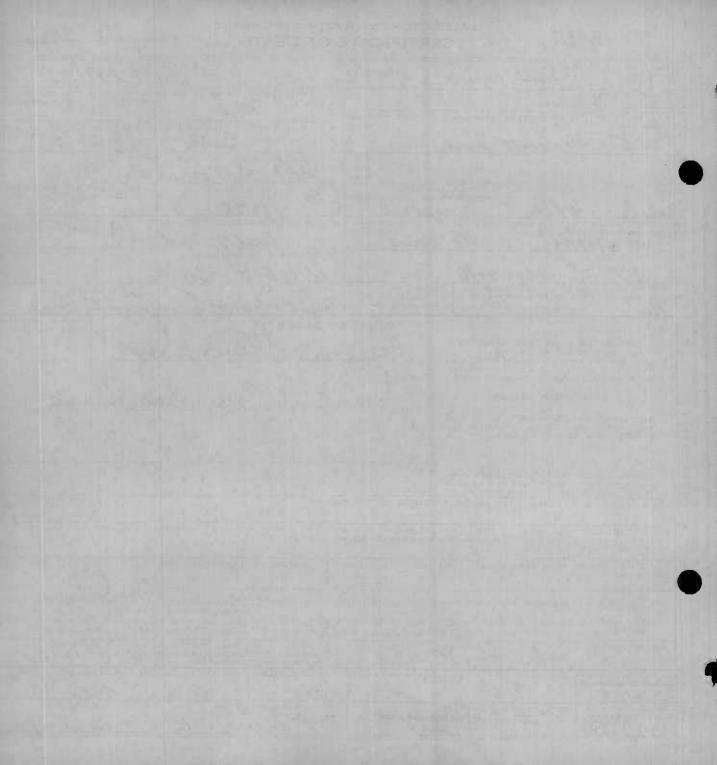
21F. HOW DID INJURY OCCUR?

, 19 50 to 6/15/

240



TH DEPARTMENT Registered No. 5415 5415 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE LILLIAN JCLAV DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION WEgworth Lane o. STREET ADDRESS (If rural, give location Yrs. Mos. S. Morris Length of stay in Baltimore Days 9. AGE (In years | Il Under I Year | If Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR LACE (State or foreign country) INDUSTRY work done during most of working life cyan if retired) WHAT COUNTRY Hows two ge Balto. Med. 14. MOTHER'S 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. AMMED FORCES! 16. SOCIAL 30 8 ADDRESS (Yes, nn or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF BEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, OUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, nffice bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 200 Trelland from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquir the evidence obtained by said Autopsy, Inspection or Ingrary, find that sold deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 240. LOCATION (City, town, or (county) 24A. BURIAL, GREMA 24B, DATE 24C, NAME OF CEMETERY OR CREMATORY 6/20 50 NAVEN Buriak DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 151



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BALTIMORE CITY HEALTH DEPARTMENT

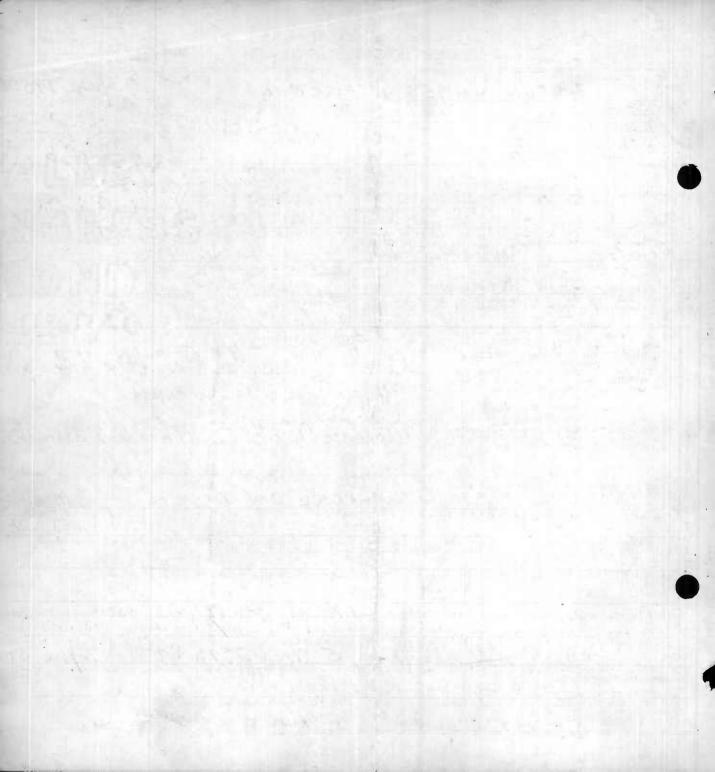
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В	CERTIFICATE OF DEATH Registered No							
1. (T	NAME OF DECEASED JOHN J	AMES	Me	KENNA	2. DATE OF DEATH	June 1950		
3. A.	B. PLACE OF DEATH: A. Baltimore City, Maryland			A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				C. CITY OR TOWN (IF	ND	s, write RURAL and give		
17	410 Whitridg	E ava		18	Balto 1	2-2 Stownship)		
	Length of stay in Baltimore		Yrs. Mos. Days	0. STREET ADDRESS (If	tridge (n		
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WHOOVED DIVORGED (Spootly)			12/13/1888		Under I Year If Under 24 Hours nths Days Hours Min.			
10	A. USUAL OCCUPATION (Give kind of IOB. KI	ND OF BUSINE	SS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?		
	Vanctor Gester		NOUSTRY	Balto. Myl. WHAT COUNTRY?				
13	FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
1 -	Usuknourn) M KEN	24		Mary Manhay				
(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES e. poor unknown) (If yes, give war or dates of service)	16. SOCIA SECUR	ITY NO.	17. INFORMANT	11. 418.	DDRESS		
_	No 1			Marihain Kenus	a 410 Whe			
	18. 443 X 1		CAUSE	OF DEATH	0	ONSET AND OFATH		
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	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	sease.	eur.	+ Ot	- Culture	- cauge		
	injury or complication which caused de	ath.) DUE TO	Atyp	erleusive Urler	nosclerolic			
z	ANTECEDENT CAUSES	(B)	C. V.	Disease on	0-1			
10	DISEASES OR CONDITIONS, IF ANY, GI		Chron	nic Nebhretis	with Usen	ia 3 Mouth		
CA	UNDERLYING CONDITION LAST.		,					
E	11	(C)						
ERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT REL		240	and a		< M -10		
Ü	TO THE DISEASE OR CONDITION CAUSIN			ecoucary a	uenua-	1 20. AUTOPSY?		
AL	19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS	OF OPER	RATION		VES NO		
S	21A. ACCIDENT, SUICIDE, 21B.	PLACE OF INJU	JRY (e. g., i	n or 21c. WHERE DID (:etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)		
AEC	HOMICIDE (Specify) about both	me, tarm, tactory, stre	er, omice piag.,	INJURY OCCURY				
2	210. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY	OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?			
	m	WHILE AT WORK	NOT WHILE AT WORK					
	22. I hereby certify that I attended t	7 June, 195	Q that I last saw the					
	deceased alive on 17 June, 195	the lauses and on t						
	23A. SIGNATURE	th St	17 SIMO 50					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)								
Burile 6/20/50 Holy Redreman Bulto Mil.								
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS								
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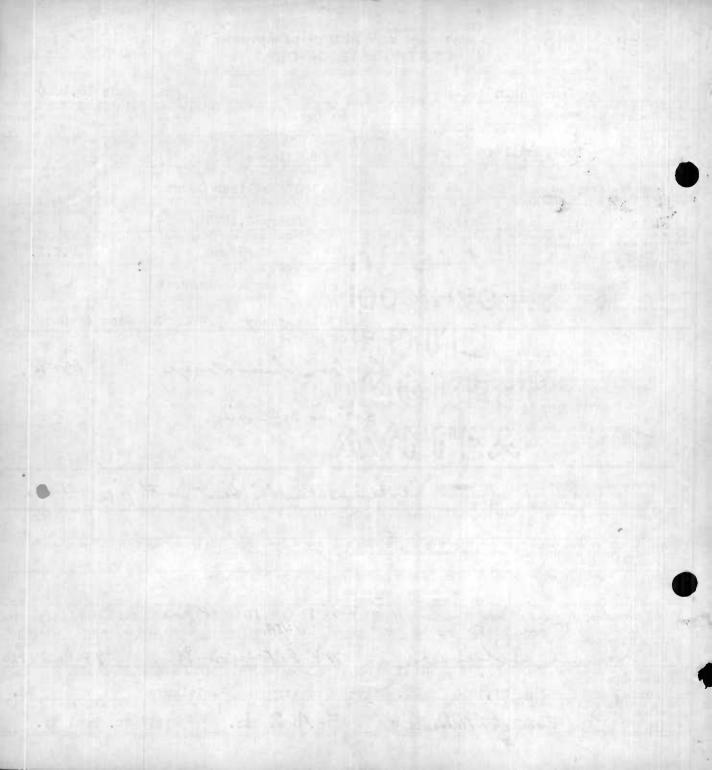
correct. Je is especially important. Physicians: please write the causes of death clearly and legibly.

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1	BALTIMORE CITY HE	tox alth department / 50	5420						
-	CERTIFICATE OF DEATH Registered No.								
	(Sype or Print) Herbert B. Waltoy	2. DATE OF DEATH 16 8	une 1950						
A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if in a. STATE B. COUNTY	before admission)						
H	FULL NAME OF (If not in hospital or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give						
.	Wellerself Hogeland	DUNDALK D. STREET ADDRESS (If rural, give location)	township)						
legibly	Length of stay in Baltimore Mos. Days	48 MARYLAND	Ave.						
an	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) MARRIED. WIDOWED, DIVORCED (Specify)	aug 19, 1878 Plast hirthday) Mont	ths Days Hours Min.						
clearly	OA. USUAL OCCUPATION (Givehind of Admeduring most of working life, even if retired) OF SETTER 108. KIND OF BUSINESS OR INDUSTRY BETH. STEEL C.	11. BRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY						
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.3.						
	KOBERT MATTEX S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	ELIZABETH TIG	NER						
O (Y	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.		MARYLAND						
causes		OF DEATH	ONSET AND DEATH						
the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)	pro-vereular accidius							
write	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0	9						
: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
FIC	(Crttriocelerosis								
Physicians: CERTIFICA	U TRIBUTING TO THE DEATH, BUT NOT RELATED WEIGHT OF TOURSE.								
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION								
important.									
impo	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?							
ially	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	16 9							
especi	22. I hereby certify that I attended the deceased from 6 Hule, 19 50 to 16 Hule, 19 50 that I last saw the deceased glive on 19 50, and that death occurred at 5 6 m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. PATE SIGNET								
ge is e	Gerald Werling M.D.	auvering Holp	16/wel 1950						
T	4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	RY OR CREMATORY 240 LOCATION (City, town, o	Po (State)						
	ATE RECEIVED BY REGISTRAD'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS						
2	"JUN" 9 1950 remitting to Williams, 1000 0	Roland & Fisher, 21124	Tundolk av						
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M M 138689		EALTH DEPARTMENT E OF DEATH Registered	No	
	rry, E. Wallett	2. DATE OF June	17, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospithospital OR Baltimore City) INSTITUTION 4940 East	tal or institution, give street address or ity Hospitals location) ern Ave.	4. USUAL RESIDENCE (Where decensed lived. If institution: residence B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 27 - 18		
Length of stay in Baltimore 5. SEX 6. COLOR OR RACE Male White	75 Years Yrs. Mos. Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Widowed	D. STREET ADDRESS (If rural, give location) 3616 Oakmont Ave. Z 15 8. DATE OF BIRTH Sept. 9, 1863 9. AGE (In years last highday) M	If Under 1 Year In Under 24 Hours In Under 24 Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) West Virginia 14. MOTHER'S MAIDEN NAME Mary, Miller	12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMEI (Yee, no or unknown) (If yee, give war or date	FORCES? 16 SOCIAL	17. Informant Address A Records B.C.H. 4940 Eastern Ave.		
18. HOO, O DISEASE OR CONDITION LEADING TO DEA: (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of ANTECEDENT CAUSE DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	DIRECTLY IH of dying, e. g., ns the disease, aused death.) DUE TO SES (B) STATING THE DUE TO	OF DEATH riosclerotic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITION TO THE DISEASE OF CONDITION 19A. DATE OF OPERATION 1	NOT RELATED	ATION	20. AUTOPSY7	

218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH about hnme, farm, factory, etreet, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT

NOT WHILE

22. I hereby certify that I attended the deceased from_

deceased alive on June 17., 19 50, and that death occurred at 6:55PMm., from the causes and on the date stated above.

June 7. 23A. SIGNATURE

24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 24B. DATE Durial

23B. ADDRESS 4940 Eastern Ave. OF CEMETERY OR CREMATORY

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

23C. DATE SIGNED 24D. LOCATION (City, town, openunty)

(State)

1950, to June 17, , 19 50 that I last saw the

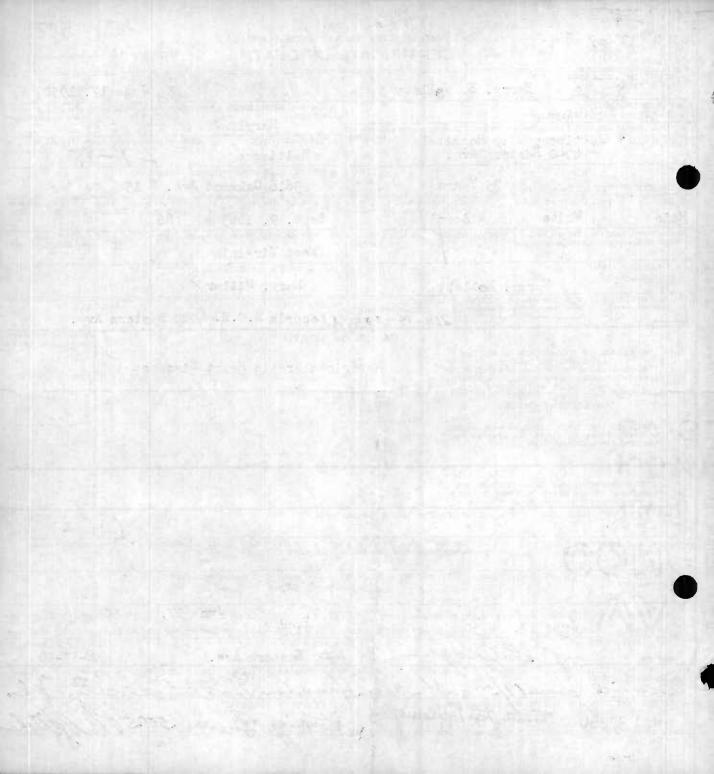
(If in Baltimore City, give exact location)

DATE RECEIVED BY LOCAL REGISTRAD 25. FUNDRAL DIRECTOR ADDIESS VS 150

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24B, DATE

24A. BURIAL, CREMA-

Mt. Aubunn Cem.

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Jane 17-50

township)

Burial

6-19-50 DATE RECEIVED BY | REGISTRAR'S SIGNATURE Thurston 14

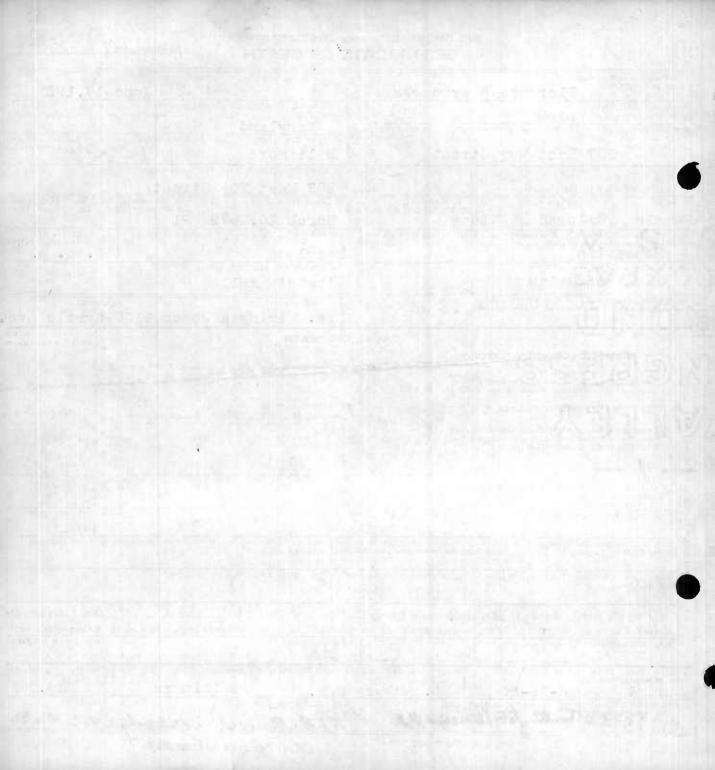
25 FUNERAL DIRECTOR

Baltimore

ADDRESS

· end : Children and Child

(Mrs) Frances A. Hemsley



Letter in document file 50-5425-6/29/50

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) talte RJ. Kuhl man DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence Baltimore A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS (If rural, give location) Mos. Emerson 81 c. Length of stay in Baltimore Days 9. AGE (in years | fl Under | Year | ft Under 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OF RACE | 7. SINGLE, MARRIED widowed (Specify) 29.1888 10A. USUAL OCCUPATION (Givekindoft 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) Distler & WHAT COUNTRY Baltimore MD. Plumber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kuhlman Mary A. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO Walter F. Kuhlman, 2501 Emerson St. 09 8483 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebro-Vascular accident LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. perlausine Cardiovascular. Disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT important. NO L 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK . 1950 to 6/16 _. 19.50 that I last saw the 22. I hereby certify that I attended the deceased from_ _m., from the causes and on the date stated above. and that death occurred at_ deceased alive on. . 19___ 23c. DATE SIGNED 23A. SIGNATURE 23s. ADDRESS Jara' 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Loudon Park, 3801 Frederick Rd. Balto. Md. June 20/50 Burial 25/ FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 4101 Edmondson Ave. VS 150 Land To The Beauty Shad sinds

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5427 BALTIMORE CITY HEALTH DEPARTMENT 5427 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Lillian B. Hayden DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 611 Walnut Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore Life Mos. 611 Walnut Ave. Davs 9. AGE (in years) 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year WWHDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. White Female Oct. 30.1876 73 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto. Md. 13. FATHER'S NAME .14. MOTHER'S MAIDEN NAME Dewitt Clinton Albaugh Maria Louise---15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Tr. Lawrence Albaugh. 1145 Carroll St. INTERVAL BETWEEN 18. CAUSE OF DEATH 20.1 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Thrombosu Coronary artery Disease artenosclerolic (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK 5-30 45 1350 to 6-16 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 6-15, 1950, and that death occurred at 4211 m., from the causes and on the date stated above. 23B. ADDR 234. SIGNATURE 23c. DATE SIGNED Washington Oly Il 240 (OCATION (City, town, or county) 244. BURIAL, CREMA-24C. NAME OF CEMETERY DR CREMATORY TION REMOVAL (Specify) Woodlawn. Woodlawn, Md. Burial June 19/50 DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE 4101 Edmondson

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50 5428 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) chie Williams DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Balto HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Hospital township) Yrs. o. STREET ADDRASS. (If rural, give location) Mos. . Length of stay in Baltimore Days 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED DIVORCED (Specify) NOU. 29 1884 65 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? orderly 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME arlie williams orence 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY Chronie Myeloid LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. leukemia injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21c. WHERE DID (If in Baltimore 21B. PLACE OF INJURY (e.g., ip or 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 4/25/1950, to 6/18, 150, that I last saw the deceased give on 6/18/50, 19, and that death occurred at 650 mm., from the cayses and on the date stated above. . 1950, that I last saw the 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 4D. LOCATION (City, town, or county) 24C. MAN E OF CEMETERY OR CREMATORY SURIN ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR THE RESERVE OF THE PARTY OF THE VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where decease lived. If institution: residence A. Baltimore City, Marylands NTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOW (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE E. MARRIED AGE (In years | | Under | Year | | Under 24 Hours | last hirthday) | Months; Days | Hours | Min If Under 24 Hours WED_DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR e or foreign country) 12. CITIZEN OF work done daring most of working life ven if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Meruscheren (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY und 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE. June 17 . 1950 that I last saw the 22. I hereby certify that I attended the deceased from the deceased alive on 1910, and that death occurred at 111 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 25. FUNERAL DIRECTO ADDRESS VS 150

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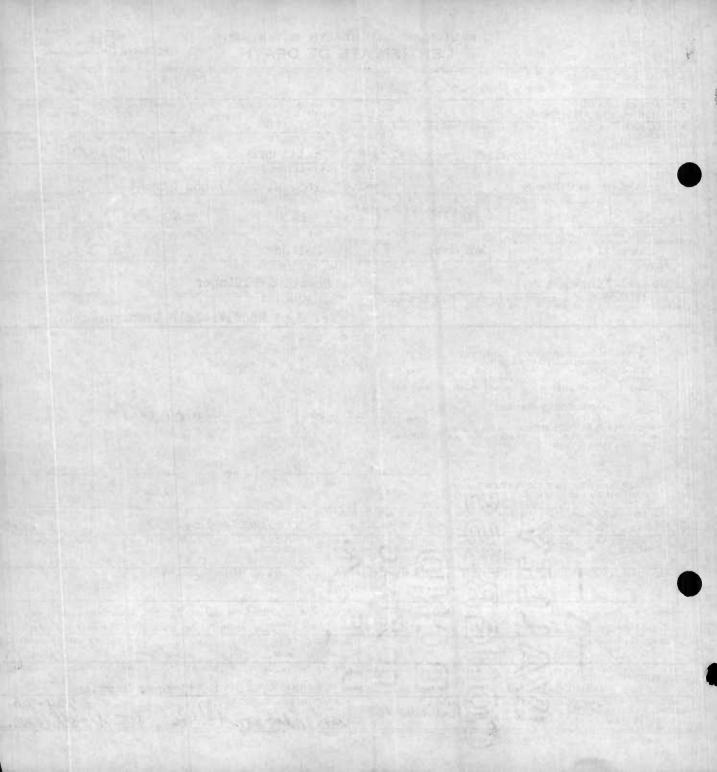
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5430 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) MANDA DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission befo 3. PLACE OF DEATH A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN Yrs. Mos. 409 HORNEL c. Length of stay in Baltimore Days and 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. PATE OF BIRTH 1894] 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. SEPARATE! 1. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even it yet ired) 12. CITIZEN OF INDUSTRY WHAT COUNTRY Housewife FOLLANS BEE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL of (Yes, no or unknown) SECURITY causes IN 409 HORNEL S. NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE , 194) to 16 Juny , 1950, that I last saw the 22. I hereby certify that I attended the deceased from 23 hay deceased alive on 1101 www, 1950, and that death occurred at 4 P m., from the causes and on the date stated above. 23CADATE SIGNED 23A. SIGNATURE 23B. ADDRESS Noww RIV YMAN 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B DATE BROOK. LO Removal RANKLIN DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 The state of the s

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Registered No. 5431 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE COHEN · MINNIE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) SINM Paltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1632 N. Smallwood Street c. Length of stay in Baltimore Days SINGLE, MARRIED, WIDOWED DIVORCED (Specify) MARRIED 9. AGE (In years If Under 1 Year last birthday) Months Days 6. COLOR OR RACE 8. DATE OF BIRTH It Under 24 Hours Hours! Min. White 1880 remale clearly 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done doring most of working life, even if retired)
Housewife USA. Own Home Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Goddel Fingerat Bramel Goldfinger 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or onknown) | (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Paul Huddles-3613 Dennlyn Road. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY SRONCE PNUEMONIA LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) CARCINONA ASCENDING LOLON DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CARCINOM A. ASCENDING COLON NEV. 70Sf. AOM. 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 1950 to 6/18 , 1950 that I last saw the 5/17 22. I hereby certify that I attended the deceased from_ deceased alive on 6/18, 1950, and that death occurred at 1235 m., from the causes and on the date stated above. 23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED Suntere 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B, DATE Knesseth Israel Anshe Sfard Baltimorem Maryland burial 6-19-50 DATE RECEIVED BY DEGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE CHARLES June 16, 1950 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City. Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Franklin Square Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos 905 N. Calhoun Street Length of stay in Baltimore Days 6 COLOR OF RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years tf Under 1 Year last birthday) Months: Days Hours: Min. Male Colored 10A. USUAL OCCUPATION (Givekind of L 108 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR bores 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 905 ADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 3-17-495 causes 18. CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 6-16-50 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B DATE 6-20-50 DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 151

CITY HEALTH DEPARTMENT 5433 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF June 16, 1950 May Baker Overbeck DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Agnes Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 1927 E. 32nd Street Length of stay in Baltimore Davs 8. DAIL OF BIRTH 9. AGE (In years | If Under 1 Year last birthday) | Months: Days 6. COLOR OR RACE 7. SINGLE, MARRIED It Under 24 Hours WIDOWED, DIVORCED (Specify) Hours: Min. Female White Married May 5 1899 10A. USUAL OCCUPATION (Givekindef) 11. BIRTHPLACE (State or foreign country) clearly 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Baltimore Md None none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nellie Flynn John Baker STADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 927E 32rd (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. NONE Llovd INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of skull and ribs (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Multiple bruises and abrasions DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION NO X important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING IN OR CONTRIB. Route 40 (Edmondson Ave.) & Rolling Rd UTING | CAUSE OF DEATH. Street 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY, 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 5:40 P m. Passenger in auto and auto collision June (1especially Insp. & Inquiry 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident \square , suicide \Box , homicide \Box , undetermined \Box . 23B. CHIEF MEDICAL EXAMINER..... 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 6-17-50 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Baltimore Md. ADDRESS 191950 Park Burial June H. Sander & DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR ander & Sons Inc. V S 151

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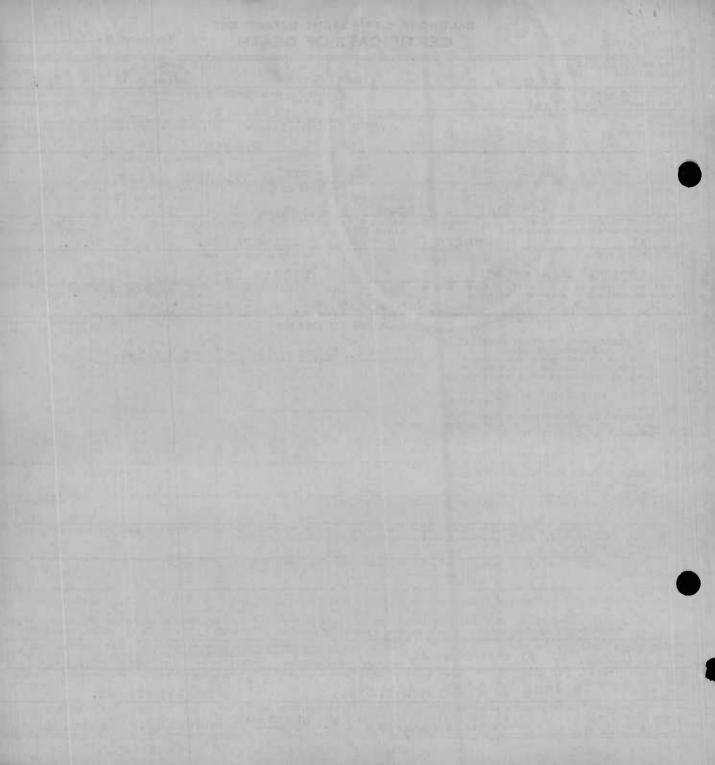
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50 5435 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE CHARLES (Type or Print) SLACUM DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Good Samaritan Hosp location) (If outside corporate limits, write RURAL and give Yrs. (If rural, give location) Mos. Length of stay in Baltimore Davs 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years If Under I Year WIDOWED, DIVORCED (Specify) last bigthday) | Months! Days | Hours | Min. Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dune during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, np pr unknown) (If yes, give war pr dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., in nr 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from 15 may , 1950, to 11 June, 1950 that I last saw the deceased alive on 10 2 and that death occurred at 10 Pm., from the causes and on the date stated above. 23c. DATE SIGNED SIGNATURE 24A. BURIAL, CREMA-NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR mand of you with the belief had able VS 150 " " Labert " !

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF DEATH . 4. USUAL RESIDENCE (Where deceased lived, If institution 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Md. Anne Arundel B. FULL NAME OF (If not in hospital or institution, give atreet address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION D.O.A. So. Ballo township) Green Haven Yrs. o. STREET ADDRESS (If rural, give location) Mos. 7th & Outing Ave. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) ff Under 1 Year 5. SEX last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) and Oct.11.1949 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givakind of WHAT COUNTRY work doos during most of working life, even if retired) INDUSTRY Annapolis.Md. none c 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anna E. Davenbort Samuel M. Roth 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, go or uokoown) (If yes, give war er dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoown) SECURITY NO. of Mr. Samuel M. Roth Green Haven, Md. none causes NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Mechanical Suffocation LEADING TO DEATH (This does not mean the mode of dying, e. g., Asperation of vomitus heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) while caught ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS
PRIMARY) OR CONTRIBUTING | about home, firm, factory, atreet, office bldg., etc.)
CAUSE OF DEATH. important 21c. WHERE DID (If in Baltimore City, give exact location) 0 m 8 (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW, DID JUJURY 21D. TIME (Month) Dartially OF INJURY S/IDPEQ. NOT WHILE WORK AT WORK thereon and from 22. I certify that I took charge of the remains described above, held an -Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [, accident X, suicide [, homicide [, undetermined [... 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) (State) 24A. BURIAL. CREMA-TION, REMOVAL (Specify) Md. Baltimore. 6-19-50 Loudon Park Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Thurtuston Williams Mill G. Howard Strong 3207 W. North Ave., VS 151

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23c. DATE SIGNED

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION A

218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER ebout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING

CAUSE OF DEATH 21E, INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

WHILE AT

22. I hereby certify that I attended the deceased from 19.50 and that death occurred at 8:16 1.m., from the causes and on the date stated above. deceased alive on_

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial NAME OF CEMETERY OR CREMATORY 6/19/1950

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21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

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Brooklyn A.A.Co.Md

(If in Baltimore City, give exact location)

Cem. 25. FUNERAL DIRECTOR ADDRESS

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BANCEWICZ BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) SANGEWICZ DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Sparrout D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED. If linder 1 Year WIDQWED, DIVORCED (Specify) last birthday) | Months: Days | Hours : Min. 15 1900 TOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME ohn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE . 1950 that I last saw the 6-11 22. I hereby certify that I attended the deceased from deceased alive on 6-/6- 1950 and that death occurred at 5 m., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24B, DATE (State) TION, REMOVAL (Specify) Bureal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 150 Person Title ASSECTABLE CO.

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50 5440 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ance OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give (Pytynship) JOHNS HOPKINS HOSPITET ADDRESS Yrs. (If rural, give, location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORGED (Specify) last birthday) Months; Days Hours; Min. IOA. USUAL OCCUPATION (Give kind of work done during most of yorking life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoowp) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH 422,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTQPSY important. 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK especia 19 that I last saw the 22. I hereby certify that I attended the deceased from 6. and that death occurred at 4 m., from the causes and on the date stated above. deceased alive on 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) BURIAL REGISTRAR'S SIGNATURE DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR THE RESIDENCE OF THE PARTY. VS 150

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BALTIMORE CITY HEALTH DEPARTMENT 5441 Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DOROTHY MARINE June 15, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) South Baltimore General Hospital Baltimore p. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 730 S. Charles Street Days 6. COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) Female Colored Married 12/25/1910 39 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoown) SECURITY NO. Rueben Marine-730-S. Charles INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Organized and fresh lobar pneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline 1 23c. DATE SIGNED 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR June 16, 1950 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE 6/19/50 Burial Mount Auburn Baltimore.Citv. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR V S 151 MAN PENERSONE OF STATE

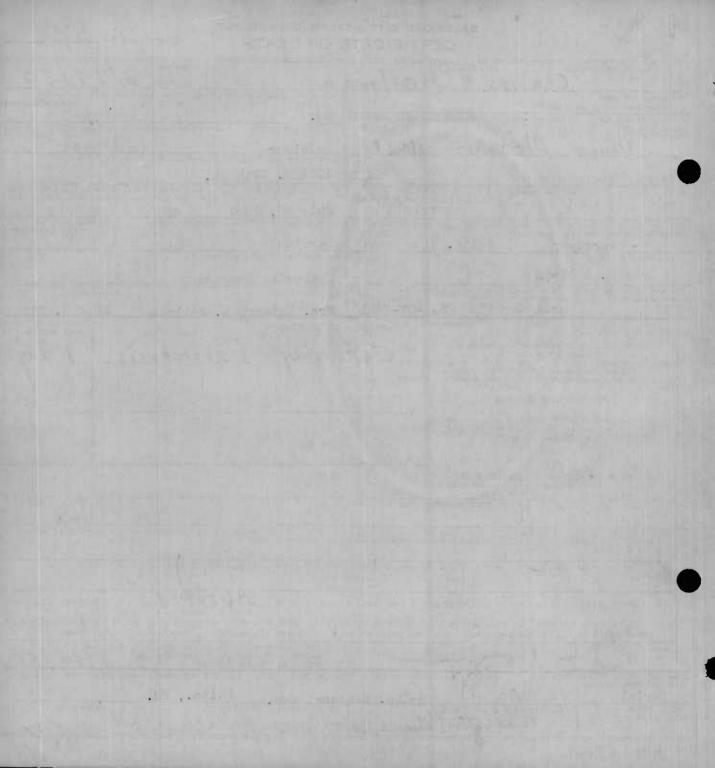
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35-leman BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5442 CERTIFICATE OF DEATH BIRTH NO Delmangin 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION MEMORIAL Balt.imore O. STREET ADDRESS (If rural, give location) Yrs. Mos. 1334 W. 37th St. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) male white married July 17, 1900 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Balto. City Maryland survevor C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Bollman Catherine Kennard 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or unkoowe) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, oo or unkoowo) yes World War #2 302-07-7881 Mrs. Kathryn E. Bollman 1334 W. 37th NTERVAL BETWEEN CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING QUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., io or PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and dath in my opinion resulted from: natural causes X, accident | suicide | homicide |, undetermined |. 238. CHIEF MEDICAL EXAMINER | 23c. DAJE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Balto., 6/20/50 Burial Balto National Cem ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 9 1950



50 5443 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATA:
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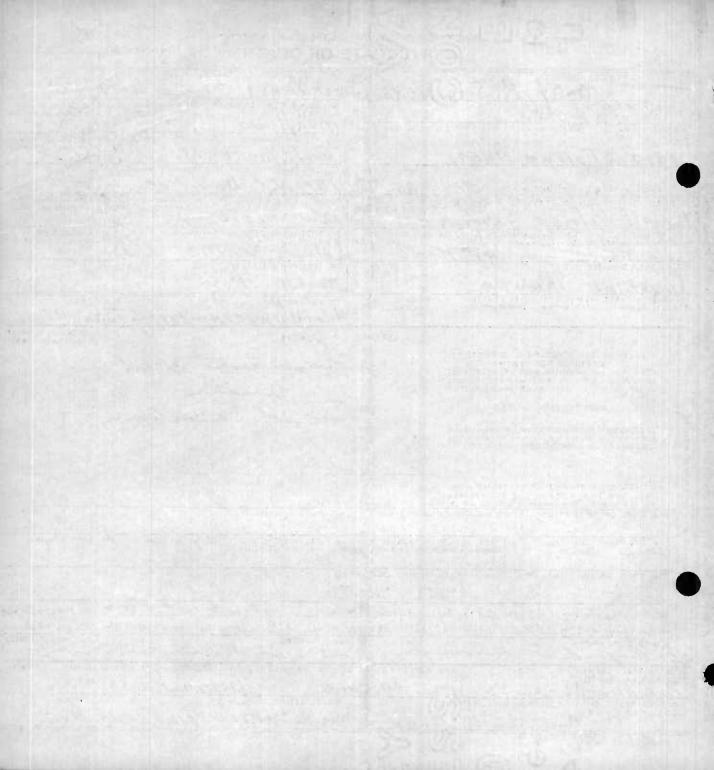
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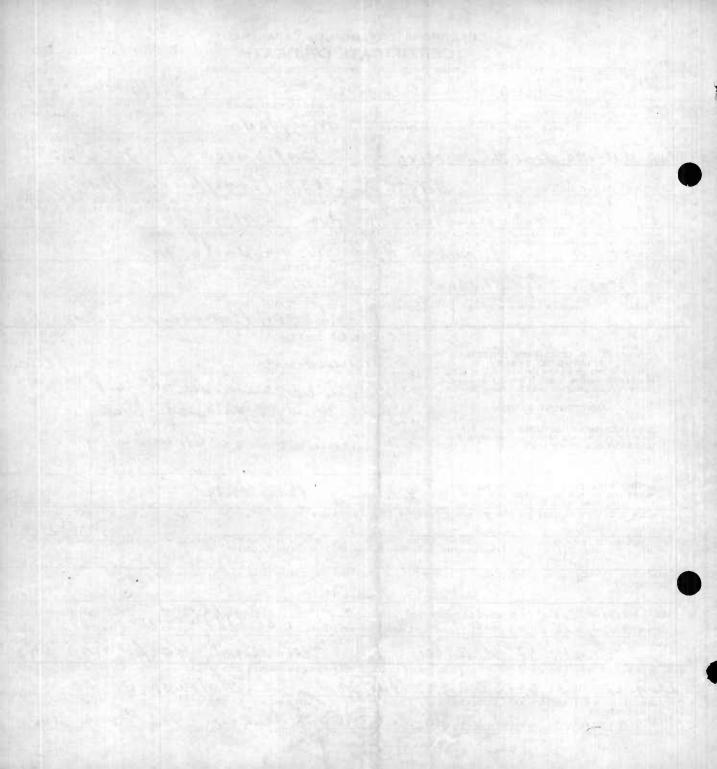
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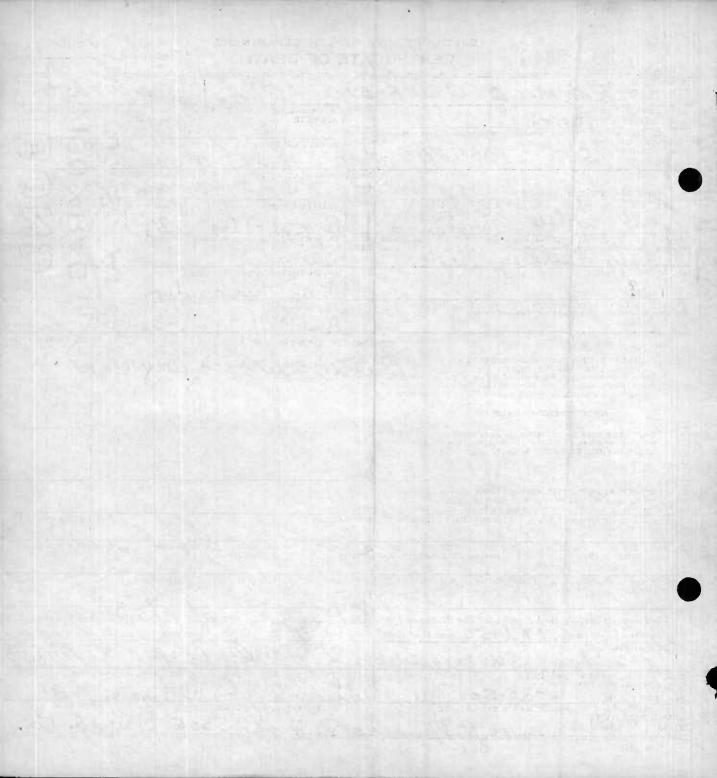
5444 BALTIMORE CITY HEALTH DEPARTMENT 5444 Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) K. SMOTHERS SMITHERS 1 MARV DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 1817 N. FULTON D. STREET ADDRESS (If rural, give location) Yrs. Mos. 50YEARS TULTAN HUE. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDQWED, DIVORCED (Specify) 5. SEX 6 COLOR OR RACE 9. AGE (In years) Il Under I Year 8. DATE OF BIRTH last birthday) | Months: Days | Hours: Min. LOIORED WIDOWED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY (a. MD. HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KOSE INNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. WITWOATH - 1817 No Follow Hu CAUSE OF DEATH 18. 20,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION YES important. (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from _____. 19 49 to , 195, that I last saw the __, 1955, and that death occurred at 2 2 m., from the causes and on the date stated above. deceased alive on 6 - 19 23c. DATE SIGNED 23B. ADDRESS 234 SIGNATURE 2309 June / Hele Be 6-19-5-0 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE BALTIMORE, 30. Mo. BASA A 1950 DATE RECEIVED BY LOCAL REGISTRAR 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE Ulm. ANJACKSON-916 TENNA. HUE. miticalor The second states of the



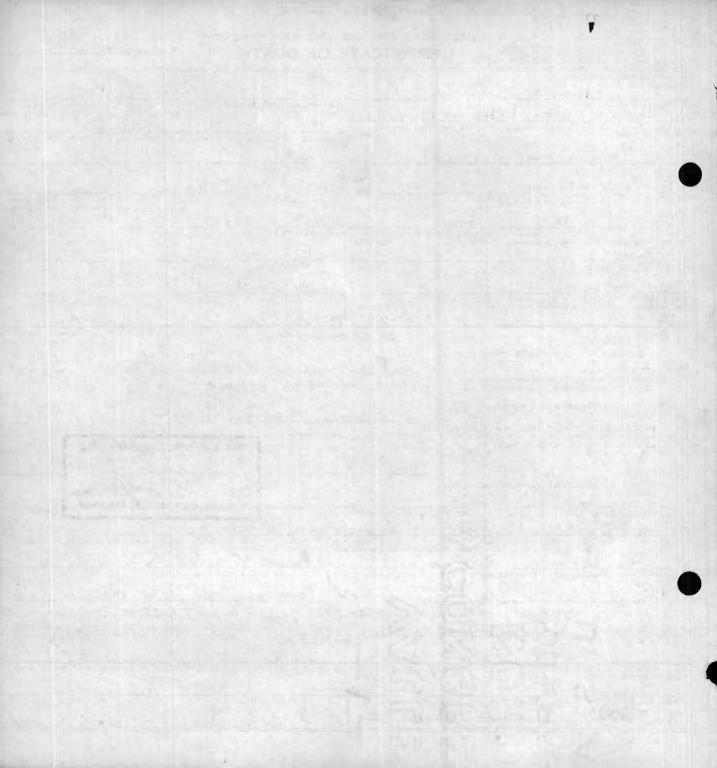
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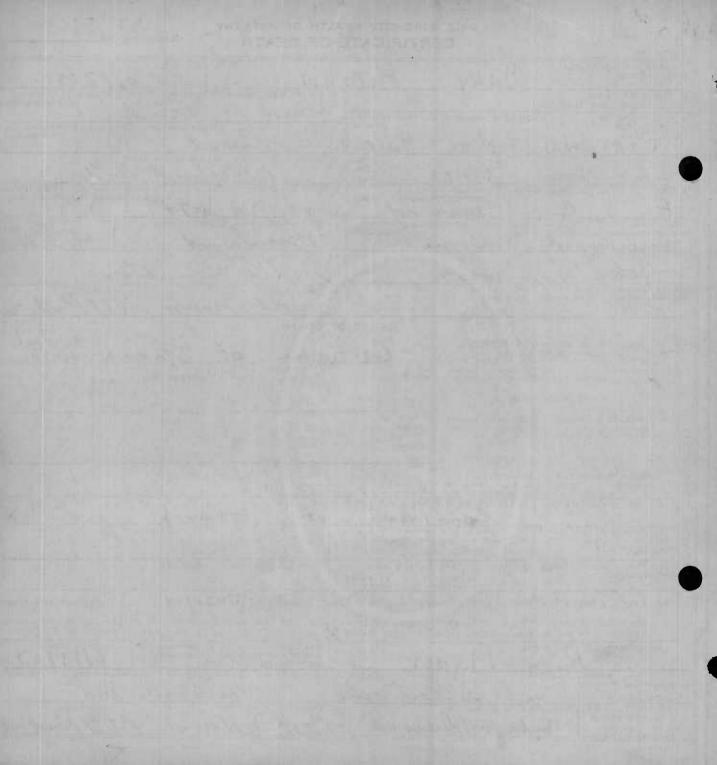
1-200 50 5446 BALTIMORE CITY HEALTH DEPARTMENT 5446 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE WHITFIELD (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION O. STREET ADDRESS (Haral, give location) Yrs. Mos. Kaven word c. Length of stay in Baltimore Days 6. COLOR OF RACE 9. AGE (In years) 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. 30-1860 11. BIRTHPLACE (State or foreign country 10A USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY one during most of working life, even if fetired) INDUSTRY 13. PATHER'S NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY ND X (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B, PLACE OF INJURY (e. g., in or | 21c. WHERE DID about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? (Specify) HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE ., that I last saw the 22. I hereby certify that I attended the deceased from_ and that death occurred at m., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23A. SIGNATURE BURIAL, CREMA-24B. DATE 6-20-50 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 150



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50 - 5448BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2. DATE NAME OF DECEASED (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institu B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Tens B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore SINOBE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year 5. SEX 6. COLOR OR RACE last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) narrie 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Housework 13. FATHER'S NAME 15. WKS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT **ADDRESS** (Yes, noter unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION ARCINOMA (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WORK Lnaulty 22. I certify that I took charge of the remains described above, held an . thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER ... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 24A. BURIAL. CREMA-24B. DATE REMOVAL (Specify) na. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR white 144 - 我们是我们的一种的 VS 151



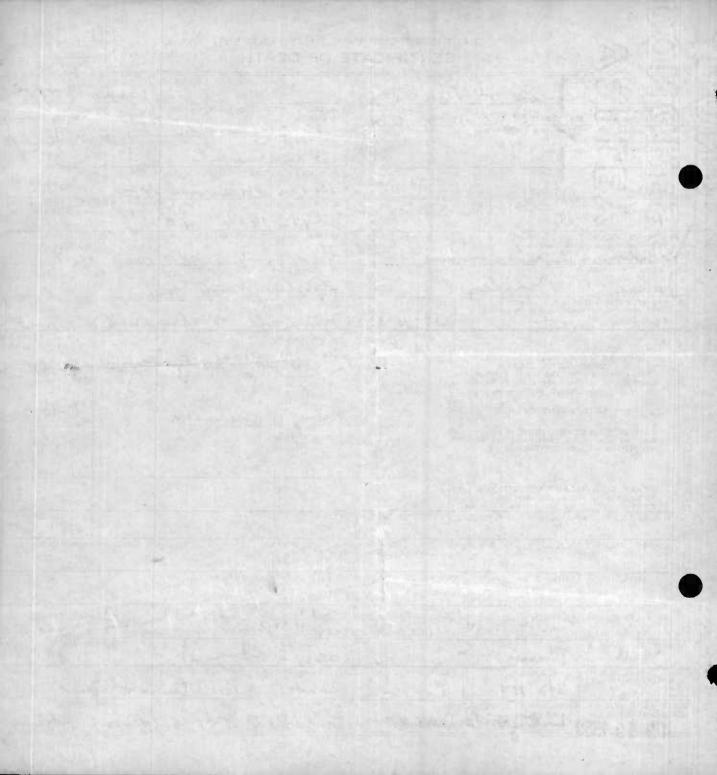
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ecis		22. I hereby certify that I attended the deceased from 6 - 18, 1950, to 6 - 18, 19 10, that I last saw the							
ct ege is especi		deceased a	live on 6-18-0	_, 19 and that death occur	red at 2 m., from the	causes and on the date stated a	bove.		
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	24	A. BURIAL.	CREMA- A4B. DATE		1400 N. Caroline St	ATION (City, town, or county). (Si	tate)		
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1.	NAME OF DECEASED	mes J.	Bailer		2. DATE OF DEATH	me 17-1950		
B. H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION			4. USUAL RESIDENCE A. STATE C. CITY OR TOWN	E (Where decease dived, B. COUNTY	If institution; residence before admission and write RUKAL and give township		
o o	Length of stay in Bal	ltimore	3/44-Mos.	D. STREET ADDRESS				
5	SEX 6.COLOR	OR RACE 7. SINGL	E. MARRIED. WED. DIVORCED (Specify)	Suly 12-19 8	9. AGE (In years last birthday)	Months Days Hours Min.		
Y Y	DA. USUAL OCCUPATION R doneduring most of working life, e		D OF BUSINESS OR INDUSTRY	Vuguni	or foreign country)	12. CITIZEN OF WHAT COUNTRY		
or dearm	WAS DECEASED EVER IN (If yes, gives,	U. S. ARMED FORCES? The war or dates of vervice)	16. SOCIAL SECURITY NO.	Zula h	rug.	ADDRESS		
Causes	18.		218-18-3721	mn. Zula OF DEATH	Mailey 12,	INTERVAL BETWEEN		
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e Is	23A. SIGNATURE T	Coemin	м. D.	206 S Gel	m SI.	6-19. 50		
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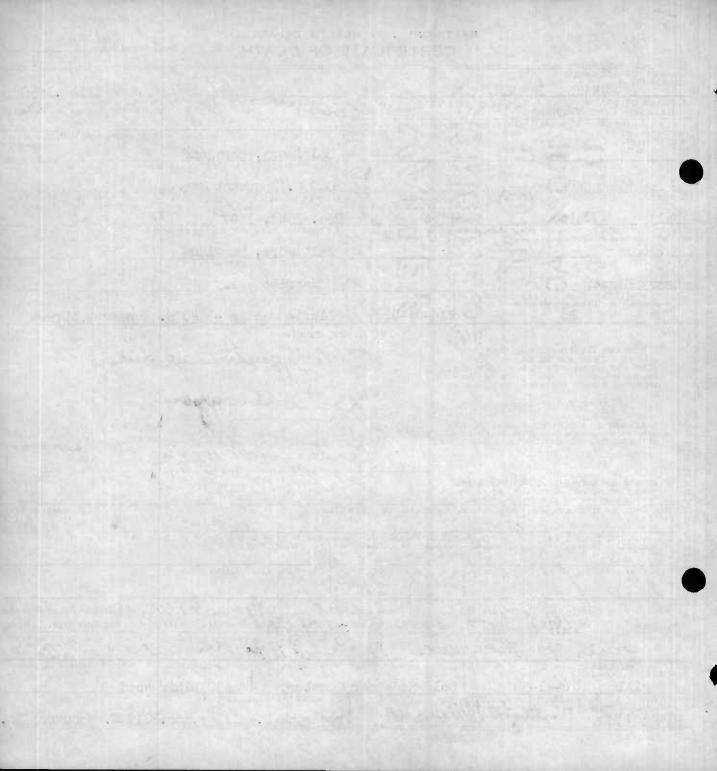
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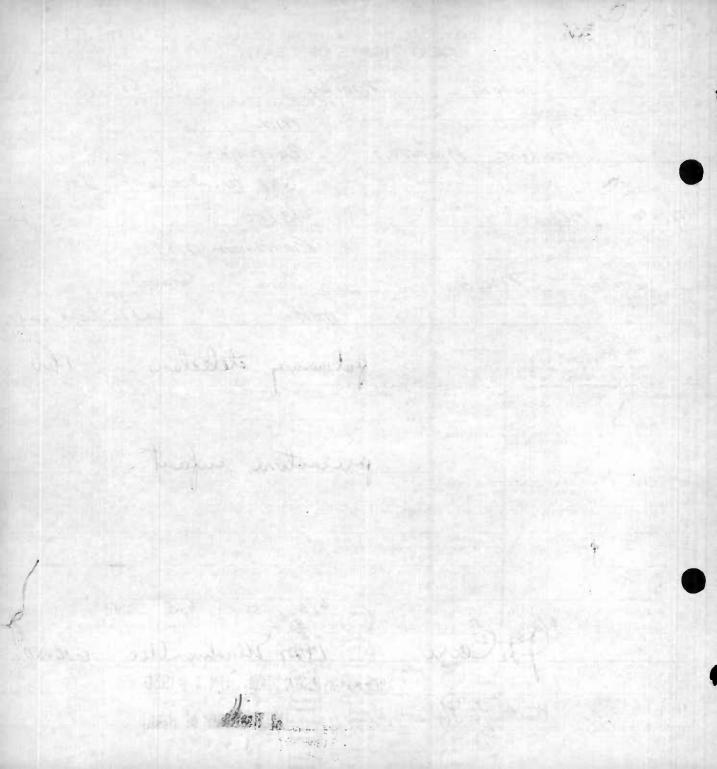
Physicians:

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BALTIMORE CITY HEALTH DEPARTMENT 5453 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CHARLES BENSER DEATH June 19th .1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore, Maryland D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 3040 E. Monument Street 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, 9. AGE (In years) fl Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Male Dec. 15th. 1887 7/ 11. BIRTHPLACE (State or foreign country) 6 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY Laborer Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Benser Harriet Rulev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or ooknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or ooknown) SECURITY NO No 218-01-8229 Lizzie Benser -3040 E. Monument Street INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH . L. Hypeatensine desare (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT WORK 6/19, 1959 that I last saw the 22. I hereby certify that I attended the deceased from_ 19 % to_ m., from the causes and on the date stated above. 1950, and that death occurred at 4 deceased alive on_ 23A, SIGNATURE 23c. DATE SIGNED Voris 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 6-21-50 Holy Redeemer Cemetery 4430 Blair Road DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE on / whianch, his Frederick D. Miller Inc . 3019 E. Monument St. VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. AT -I. NAME OF DECEASED 2. DATE (Type or Print) masbu Lotani DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) BQITIMORE O. STREET ADDRESS (If rural, give location) Yrs. Mos. W. Franklin c. Length of stay in Baltimore 661 Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Il Under 1 Year 9. AGE (In years | Il Under 1 Year | It Under 24 Hours | Months; Days | Hours | Min. male clearly 10A. USUAL OCCUPATION (Givekindnf) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Barrimort 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Graves 6mm111 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 661 W. Franklin ST INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID 21B. PLACE OF INJURY (c. g., in or ā about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 9 10, 10 to . 19 that I last saw the 22. I hereby certify that I attended the deceased from_ 19 Jo and that death occurred at_ A.m., from the causes and on the date stated above. deceased alive on. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c, NAME OF CEMETERY OR CREMATORY 24B. DATE TION, REMOVAL (Specify 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE A STREET WAS A STREET, THE



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BALTIMORE CITY HEALTH DEPARTMENT

50 Registered No... 5458

В	IRTH NO.			CERTIFICATI	E OF DEATH	and and and		
1.	NAME OF D		NIGUNDA	WILEY	2. DATE OF DEATH June 16, 1950.			
A.	Baltimore (FULL NAME OSPITAL OR	EATH: City, Maryland 32	04 Fait	ion, give street address or	4. USUAL RESIDENCE () A. STATE Md.	Where deceased lived, If i B. COUNTY	before admission)	
	NSTITUTION			location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2 - 1			
	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3204 Fait Ave.			
	sex Female	6. COLOR OR RACE			8. DATE OF BIRTH	last birthday) Mor	Under 1 Year If Under 24 Hours nths Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR	August 30,1879	oreign country)	12. CITIZEN OF WHAT COUNTRY	
13	Retix		Ho.	use Work	Baltimore, Md. U.S.A. 14. MOTHER'S MAIDEN NAME			
15	5. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	Unknown 17. INFORMANT ADDRESS			
(Ye	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				George Wiley 3204 Fait Ave.			
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA inc. Barbenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA II GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	I'H f dying, e. g ns the diseas: aused death ES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(C)	farfatu ca empluona	ncenionea	ONSET AND DEATH	
CAL				FINDINGS OF OPER		If in Polainess City of	20. AUTOPSY7	
MEDICA	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that lattended the deceased from 5 , 1950 to 6 , 1950 deceased alive on 150 and that death occurred at 5:10 Ref. som the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the causes are caused at the caused at							
TI	AA. BURIAL ON, REMOVAL (S. Burial ATE RECEIVE	June 20	,1950	Sacred Heart	Cemetery 4701	OCATION (City, town, German Hill Ol S. Conkling	Rd. Balto.co.	

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e is especially important. Physicians: please write the causes of death clearly and legibly.

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MACIELEWSKI BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5459 5459CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days esco ume. 6. COLOR OR RACE 7. SINGLE, MARRIED 9 AGE (in years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED, (Specify) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Lause -13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) JOHNS HOPKINS HOSPITAL CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY alremia LEADING TO DEATH (This does not mean the mode of dying, e.g., la claus: write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Tuberculous Pyclonephritis Tuberculosis, old inactive ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES NOUL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 1954 to _. 1956, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 6-16, 1950, and that death occurred at 8 55 km., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED JOHNS HOPKINS HOSPITED 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) William Handly 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or UNIVEYSITY HOSPITAL INSTITUTION

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

16. SOCIAL

Luca 108, KIND OF BUSINESS OR

Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

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19A, DATE OF OPERATION

210. TIME (Month) (Day) (Year) (Hour)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)

HOMICIDE

OF INJURY

23A. SIGNATURE

13. FATHER'S NAME

(Yes, no or unknown)

18.

6. COLOR OR RACE

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15. WAS DECEASED EVER IN U. S. ARMED FOR ZES?
(Yes, no or unknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

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5. SEX

Registered No. 2. DATE DEATH 4. HISHAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give astod sural p. STREET ADDRESS (If rural, give location) 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours: Min. 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME ADDRESS 17. INFORMANT CAUSE OF DEATH ONSET AND DEATH w Generalized carcinomatosis Carcinoma oesuphagus DUE TO SeverE dehydration and malnutrition 20. AUTOPSY 198 MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 6/16, 1950, to 6/17, 1950, that I last saw the deceased alive on 6/17, 1950, and that death occurred at 750 Am., from the causes and on the date stated above.

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24p. LOCATION (City, town, or county)

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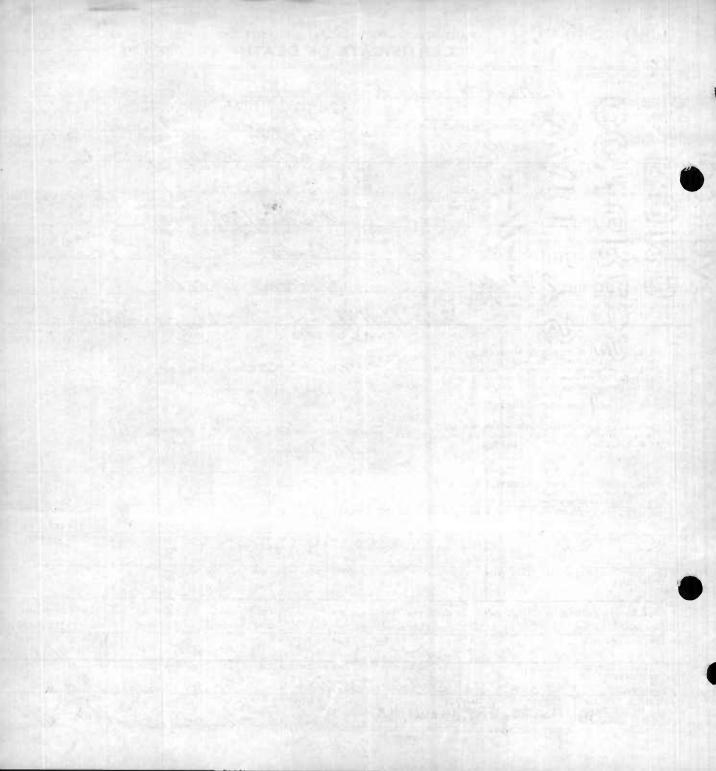
24C. NAME OF CEMETERY OR CREMATORY

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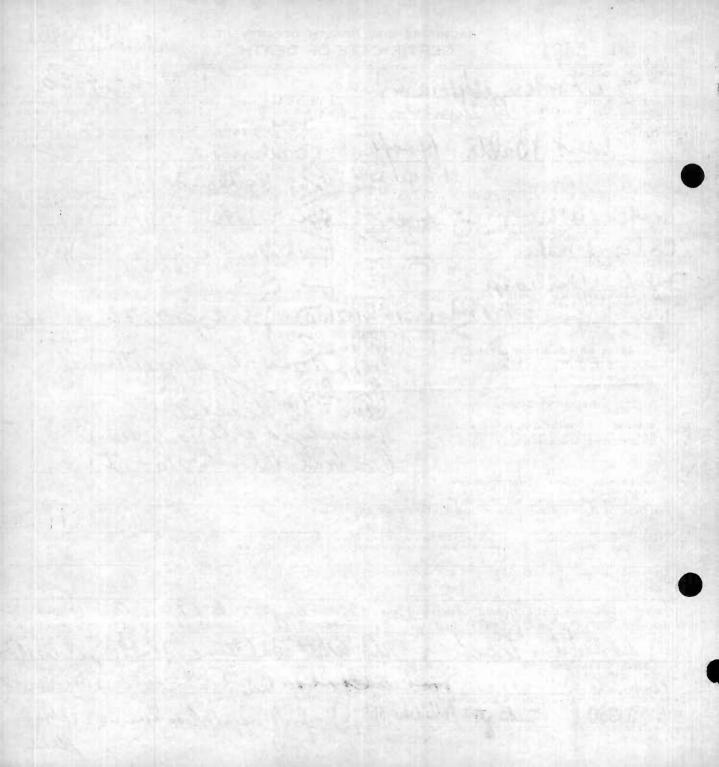
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23c. DATE SIGNED



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5464 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, It institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR lecation) (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE 9. AGE (In years | Il Under 1 Year | Il Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO 102. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21A, ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from May 22 1950 to 6-1 . 1922 that I last saw the 14050, and that death occurred at_ deceased alive on_ m., from the causes and on the date stated above. 23A. SIGNATURE TION, REMOVAL (Specify) ADDRESS VS 150

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25. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

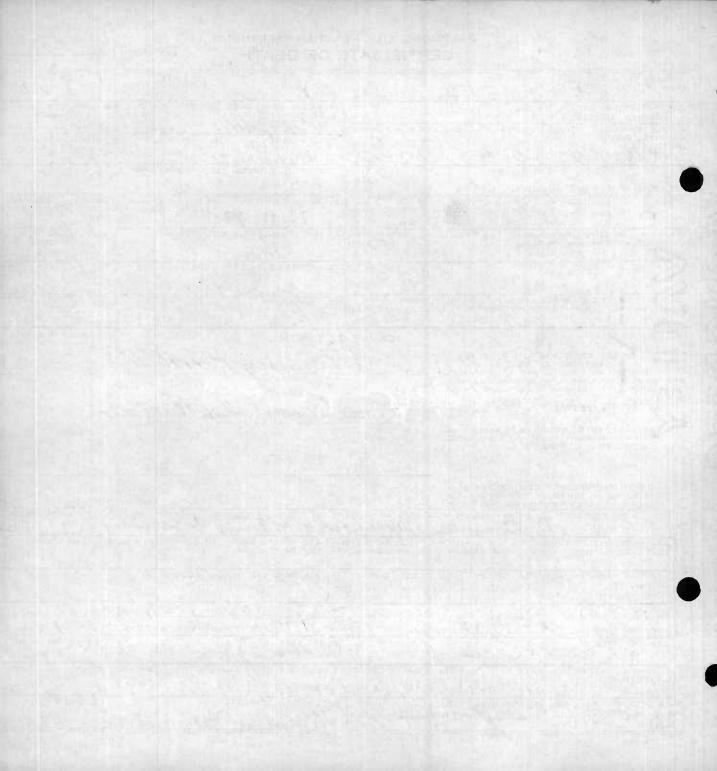
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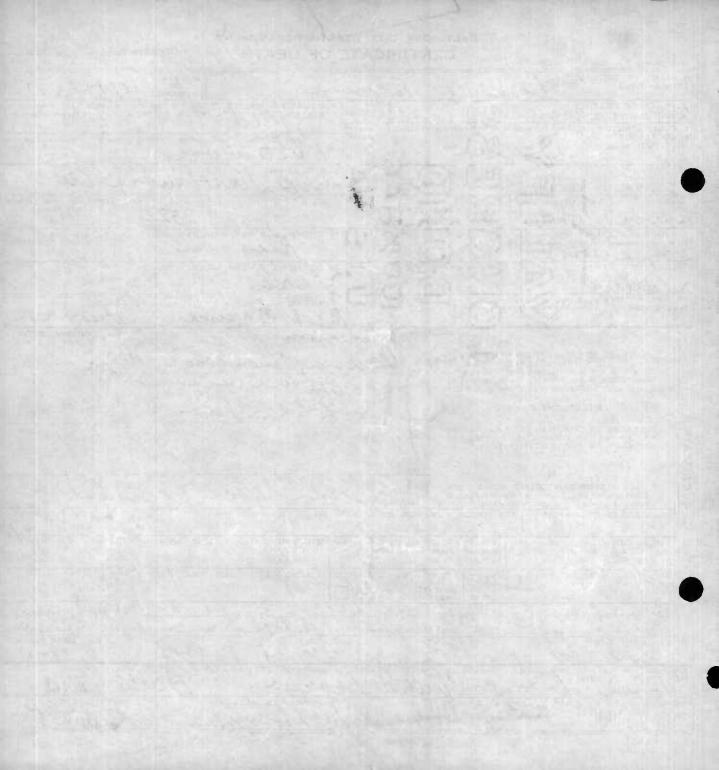
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5465 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS/ (If rural give location) Yrs. Meiso Wathinors . Length of stay in Baltimore Days 5/SEX 6. COLORAOR RACE 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) Months Days Hours: Min. marrie 10A_USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY essea House Will 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or ppknown) SECURITY NO INTERVAL BETWEEN CAUGE 18. DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 19 . That I last saw the 22. I hereby certify that I attended the deceased from. deceased Alive on 6 19 3 and that death occurred at Im., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 6-19-50 24A. BURIAL, CREMA-24b, LOCATI (City, town, or county) (State) 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATU 25. FUNERAL DIRECTOR ADDRESS

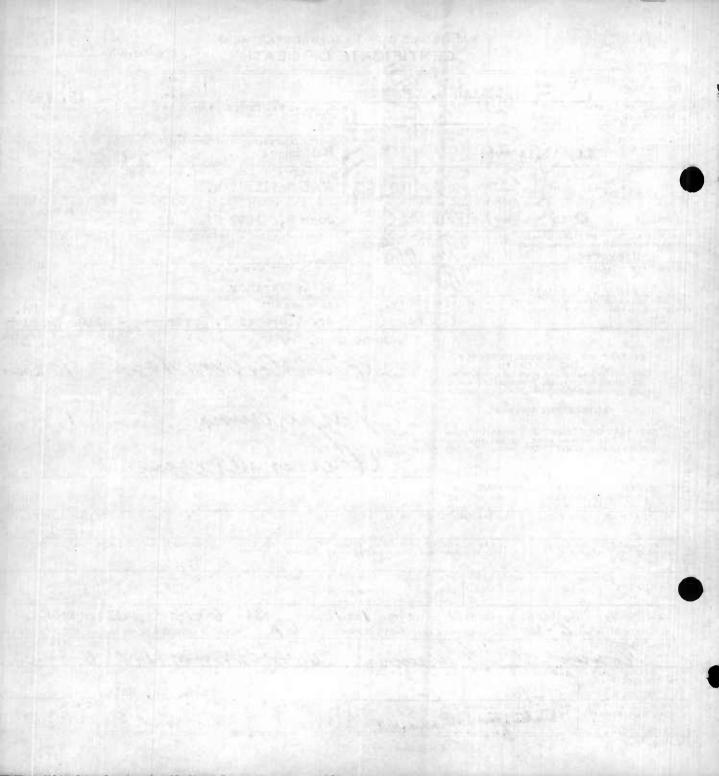
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6-27-50 50 - 5466BALTIMORE CITY HEALTH DEPARTMENT 50 5466 Registered No.___ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY, before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS Yrs. c. Length of stay in Baltimore 7. SINGLE, MAPRIED. 9. AGE (In years | If Under 1 Year | If Under 24 Hours 6. COLOR OR RACE last birthday) Months Days Hours Min. USUAL OCCUPATION (Givekindof) 108. KIND OF 11. BIRTOPLACE (State or foreign country 12. CITIZEN OF BUSINESS OR one during most of working fig, even if retired) INDUSTR Lecles-F-HERISONAME Audit 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL ADDRESS-(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ia of signioid colon ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY7 19A. DATE OF OPERATION O 198. MAJOR FINDINGS OF OPERATION Camma metun: netestate Commons (I in Baltimore City, give that location) NO L 21A. ACCIDENT, SUICIDE. 21c. WHERE DI 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR HOMICIDE (Specify) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT AT WORK WORK 18. 19 50 that I last saw the 22. I hereby certify that I attended the deceased from_ 1 19 5 and that death occurred at 17 m., from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23c. DATE SIGNED FUNERAD DIRECTOR ADDRESS STANDARD STANDARD VS 150

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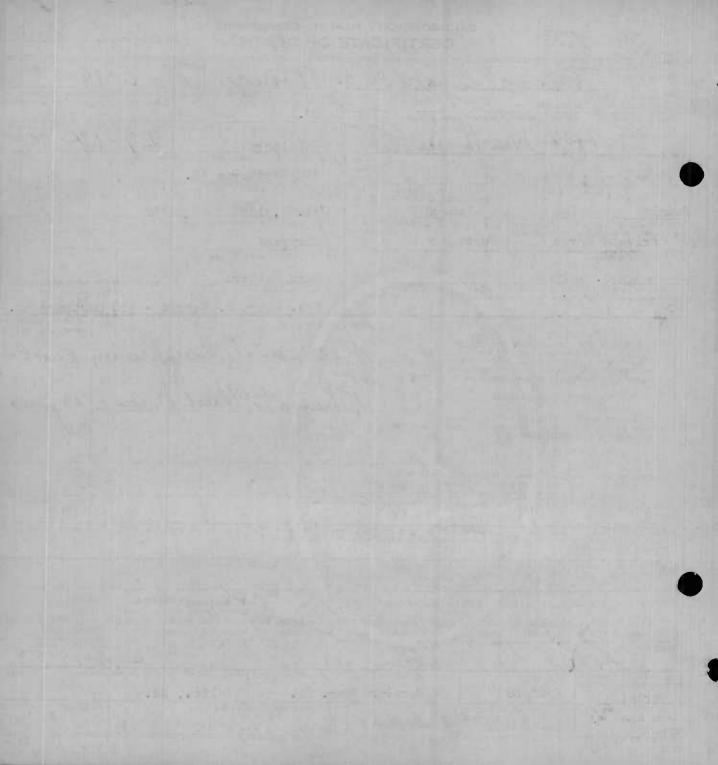
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50 5469 Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4-USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Balt, move B. COUNTY Maryland A. STATE before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Hespital D. STREET ADDRESS (If rural, give location) Vro Mos. 207 W. Lanuale Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | H Under 1 Year | II Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Mala NOU. 21 1880 Single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY Chemist Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeorge Marcaret Amelia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 15. SOCIAL 17. INFORMANT 29 APPRESS = de (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Rona Stain Baltimore INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH JEAR? (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI cold bilder puls OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE ATT WORK AT WORK 10, W 22. I hereby certify that I attended the deceased from. Om., from the causes and on the date stated above. and that death occurred at. deccased alive on 23A/SIGNATURE 23c. DATE SIGNED 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B, DATE Swull DATE RECEIVED BY REGISTRAR'S FUNERAL DIRECTOR ADDRESS SIGNATURE LOCAL REGISTRAR VS 150

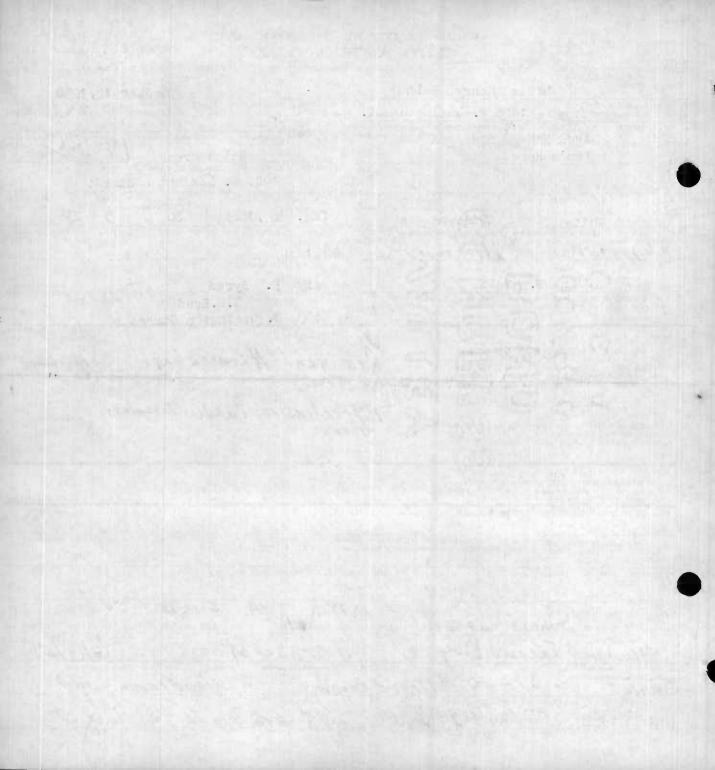


correct see is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

50 5471

ВІ	50 RTH NO.	5471		CERTIFICAT	E OF DEATH	Registered	No.			
	NAME OF D ype or Print)		Henry	Belt		2. DATE OF DEATH June	18, 1950			
À.		City, Maryland 14			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
HO	SPITAL OR STITUTION	Aged Women Men's Home	s and A	on, give street address or ged location)	Mayrland c. CITTOR, TOWN (If outside corporate limits write RURAL and give bownship) Baltimore					
	1. 2	MCII D HOME	0	Yrs.	D. STREET ADDRESS (If rural, give location)					
€.	Length of s	tay in Baltimore		Mos. Days	1400 W. Lexington Street					
	sex ale	6.COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify) Wed	Dec. 26, 1869	9. AGE (In years last birthday)	ff Under 1 Year 1 On the Days 5 23 I Under 24 Hours Hours Min.			
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU					
4	MATHER'S N	WIL	unn	mon	Maryland 14. MOTHER'S MAIDEN NAME					
13	. FAIRERS P		D.74		The state of the s					
15	. WAS DECEASE	John T. ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	Mary E. Ayres 17. INFORMANT 1. H Dood ADDRESS					
(Yes	, no or uaknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT L.H. Read ADDRESS 1400 W. Lexington Street					
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
CERTIFICATION	ANTECEDENT CAUSES (B) HYPERTENSIVE CARSES/AR DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)									
ERTI	OTHER S									
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION									
IEDICAL	21A. ACCIDENT WAS UNDER. LYING ☐ OR CONTRIBUTING ☐ about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH (If in Baltimore City, give INJURY OCCUR?)									
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK AT WORK									
	22. I hereby certify that I attended the deceased from ARI 1944, to 5-m 18, 1950, that I last sav deceased alive on 50ne 17, 1950, and that death occurred at 1867m., from the causes and on the date stated at									
	23a. SIGNA		nd Da			-18	6/19/50			
2.	Burial Burial	CREMA- 24B. DATE 6-2/	-50	Wood la	ERY ON GREMATORY 24D.	LOCATION (City, tow	md.			
	ATE RECEIVE DCAL REGIST		S SIGNATU	IRE A/11	25. FUNERAL DIRECTOR	· 1217 St.7	aul st.			
	VS 150	S. S. Sandal	7.10	Same same same same	5 4 / 5		93)			



50 5472 BALTIMORE CITY HEALTH DEPARTMENT 5472 Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED Roberta 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR JOWN INSTITUTION Yrs D. STREET ADDRESS (If rural, give location) Mos. Horus Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED ff Under 1 Year AGE (In years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours | Min. corre 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY House Wife Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Meekins Robert J. Winebrenner 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war nr dates of service) 16. SOCIAL (Yes. no or unknown) SECURITY NO. 18. 600.0 INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE ATT 118 , 19 Schat I last saw the 22. I hereby certify that I attended the deceased from 6 deceased alive on 4/18, 1950 and that death occurred at / 15Am., from the causes and on the date stated above. 23A. SIGNATURE 23C, DATE SIGNED nuesa 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CHEMATORY! 24D. LOCATION (City, town, or county) Burial Balaimore Moreland Park Eeneterv June 21.1950 DATE RECEIVED BY ADDRESS" REGISTRAR'S SIGNATURE Toc ook 1217 St. Paul St. was the property of the VS 150 131a

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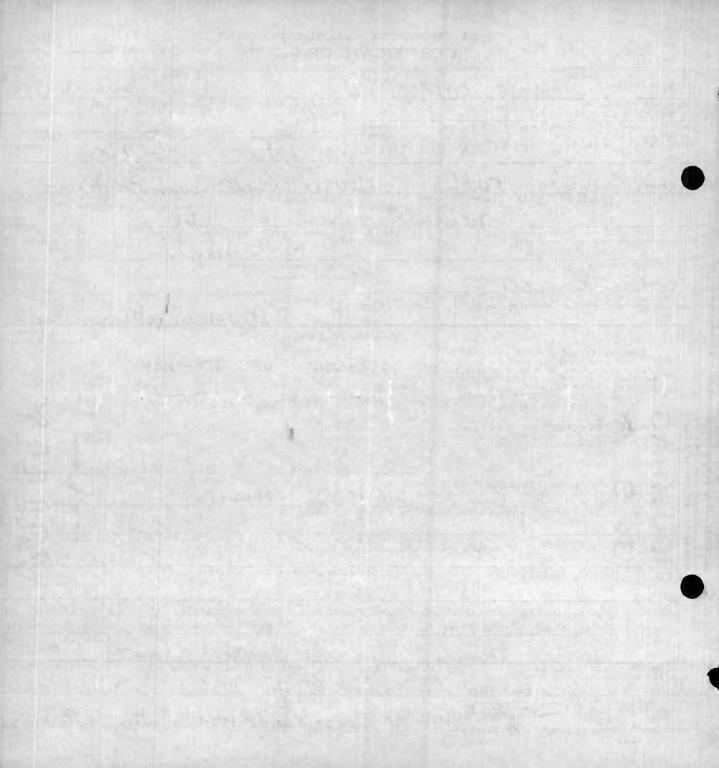
В	IRTH NO.	04/4		CERTIFICA	TE OF DEATH	Registered No	0 4 7 7			
	NAME OF DECEASED					2. DATE				
	Type or Print) WALTER GRADY STINSON				DEATH June 16, 1950					
A		City, Maryland			4. USUAL RESIDENCE (before admission)				
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR U. S. Marine Hospital location)				.					
11	NOITUTION	Drive & 31	-	dal	township					
	myman IA	DITAG W OI	50 500	Yrs	Memphis D. STREET ADDRESS (If rural, give location)					
	Length of s	tay in Baltimore		O.E. Mos						
	. SEX	6. COLOR OR RACE	7. SINGLI	40 Day E. MARRIED.	480 Alston Avenue 8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hour					
	male	Col	WIDOW	VED, DIVORCED (Specif	8-4-98	last birthday) Mon	ths Days Hours Min.			
10	A. USUAL OC	COL.	Wid.	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN O					
#OI	Waiter	of working life, even if retired)	Seafa	INDUSTR	Y	WHAT COUNTRY?				
1:	3. FATHER'S	NAME	Doara	101		Tenn. U				
	James St				Martha Dowsing	Martha Dowsing				
1	5. WAS DECEASI	ED EVER IN U. S. ARME! (1f yee, giva wer or date	D FORCES?	16. SOCIAL	17. INFORMANT					
Ţ	Jnknown	(11 yes, give wer or duce	a or service)	Unknown	Records - US Marine Hospital, Balto., Md.					
	18. 60	2 Y		CALISE	OF DEATH		INTERVAL BETWEEN			
		SE OR CONDITION	DIRECTIV		. O. BLATT		ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Tuberculosis, pulmonary, bilateral,									
	(Ins does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, heart failure, asthenia, etc. It means the disease,									
	injury or complication which caused death.) DUE TO									
z	ANTECEDENT CAUSES									
ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									
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III	(C)									
E	OTHER	***************************************								
	TRIBUTING	G TO THE DEATH, BUT	NOT RELATI	ED						
U		OF OPERATION 1		FINDINGS OF OPI	RATION	***************************************	20. AUTOPSY?			
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12	21D. TIME OF INJURY	Y OCCUR?								
	22. I hereb	22. I hereby certify that I attended the deceased from May 22 , 1950, to June 16 , 1950 that I last saw the								
	deceased ai	the causes and on the	ses and on the date stated above.							
	23A. SIGNATURE 23B. ADDRESS 23C									
D. W. Patrick , Medical Director M.D. US Marine Hospital, Balto., Md. 6										
TI TI	4A. BURIAL, C	CREMA- 24B. DATE	-50	24c. NAME OF CEMET	ERY OR CREMATORY 24D. I	LOCATION (City, town, o	r county) (State)			
DATE RECEIVED BY I REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS										
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=	7011 Z 0 10	- Concording	1917 / BU	A PARTY AND A PART	C.1.42. 11.44	w- ovac 1	110 610			
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THE REPORT OF THE PARTY OF THE

MAMIE MIEZIK Registered No_ BALTIMORE CITY HEALTH DEPARTMENT 5475 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE MAMIE. CAIRIS. JUNE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give SINAI INSTITUTION HOSPITAL OF BALTO. township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. . Length of stay in Baltimore Days 6. COLOR OR RACE 7. SHYOLE, MARRIED. 8. DATE OF BIRTH AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months; Days | Ifours; Min. WIDOWED DIVORCED (Specify) Widow 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign quuntry) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASE WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) CARCINOMA OF STOM ACH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED DIABETES MELLITUS TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE 1950 to 22. I hereby certify that I attended the deceased from June of une 19, 1950, that I last saw the deceased alive on June 19, 1900, and that death occurred at_ Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATOR LON. REMOVAL (Specify) REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR W. do ook 1701-03

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ADDRESS - I30 E. Fort Ave.

before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

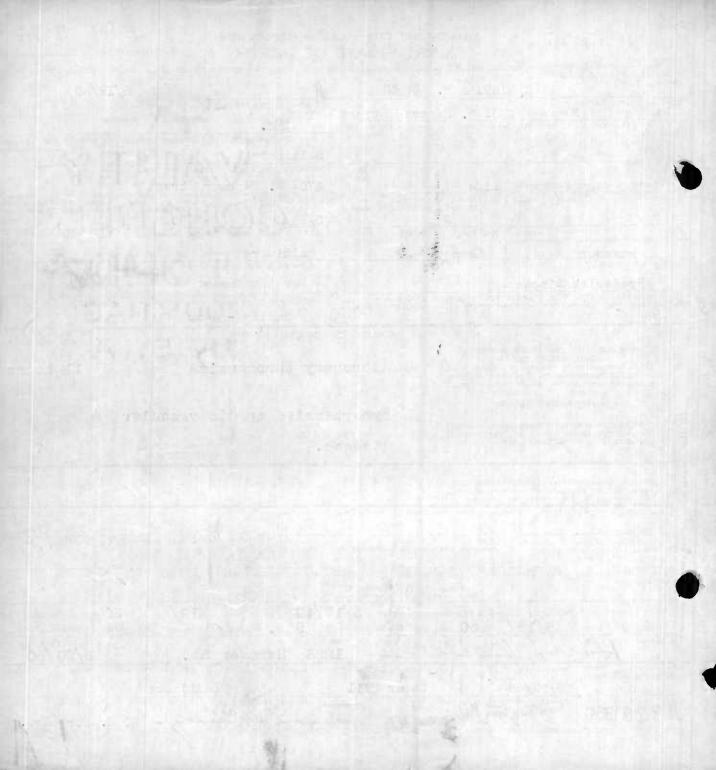
ONSET AND DEATH

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20. AUTOPSY

23c. DATE SIGNED

township)

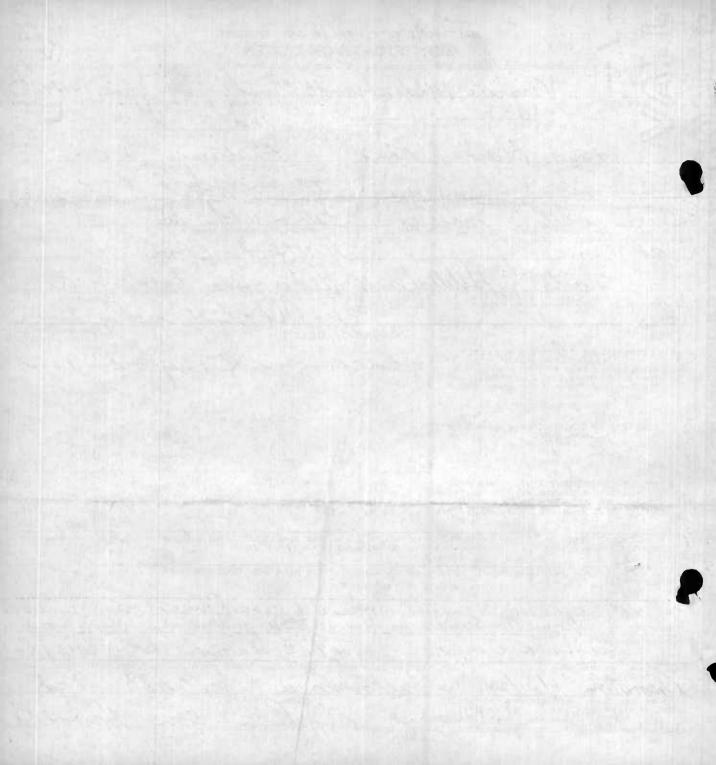


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Sand Stranger Stranger



BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 5478

ВІ	IRTH NO.	0110		CERTIFICAT	E OF DEAT	ГН	Registere	d No.	2. 9 ()
1. (T	NAME OF Cype or Print)	ECEASED THEOD	2. DATE OF DEATH June 18, 1950						
	3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission				
H	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 410 S. Bouldin Street				Maryland				
	Length of stay in Baltimore			Yrs. Mis. Days	1130 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
5. Fe	5. SEX 6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9. AGE (in years)				If Under I Year If Under 24 Hours on this Days Hours Min.
worl	Housewife		108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country			12. CITIZ WHA US	T COUNTRY
	John Lias	sinik			14. MOTHER'S MAIDEN NAME UNKNOWN				
15 (Yes	15. WAS DECEASED EVER IN U. S. ARMED FOF Yes, no or unknown) (If yes, give war or dates of se			16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Marion Kusik, 410 S. Bouldin Stre				treet
	(This does heart failu	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which o	TH of dying, e. g ns the disease aused death.	Cor	CENTAL COL	en,	desceno		VAL BETWEEN
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)								over
CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.								•
AE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. YES	AUTOPSY?	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that Lattended the deceased from 10 12 17, to 17 1952, that I last deceased alive on 10 17 1952, and that death occurred at 7 2 2 2 2 2 2 2 2 3 2 2 3 2 3 2 3 3 3 3								location)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK									
	22. I hereby certify that Lattended the deceased from 10/22, 1947, to 6/17, 1950, to deceased alive on 16/17, 1950, and that death occurred at 7 Am., from the causes and on the courses are supplied to the course of the course								
	23A. STGNATURE 1 23B. ADDRESS Paul & 2								
Bu	N. REMOVAL (S	6/21/50		Sacred Heart	of Mary	Baltin	cation (Silvator nore	Maryla	and
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Letter in document file 50-5478-6/29/50.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5479 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of (If outside corporate limits, write RURAL and give township) Mi rural give location) Dit MAN O. STREET ADDRESS 101 W. Cold SPRING Length of stay in Baltimore nas 6. COLOR OF RACE 7. SINGLE. AGE (In years | H Under | Year | H Under 24 Hours | Months: Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Work done) used of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME morrew 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 19 Shat I last saw the 22. I hereby certify that hattended the deceased from. deceased aliveon m. from the causes and on the date stated above. and that death occurred at. 1 236. DATE SIGNED 23A. SIGNATURE 24D. LOCATION (Mity, town, or county, 24A, BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) ADDR GS DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR

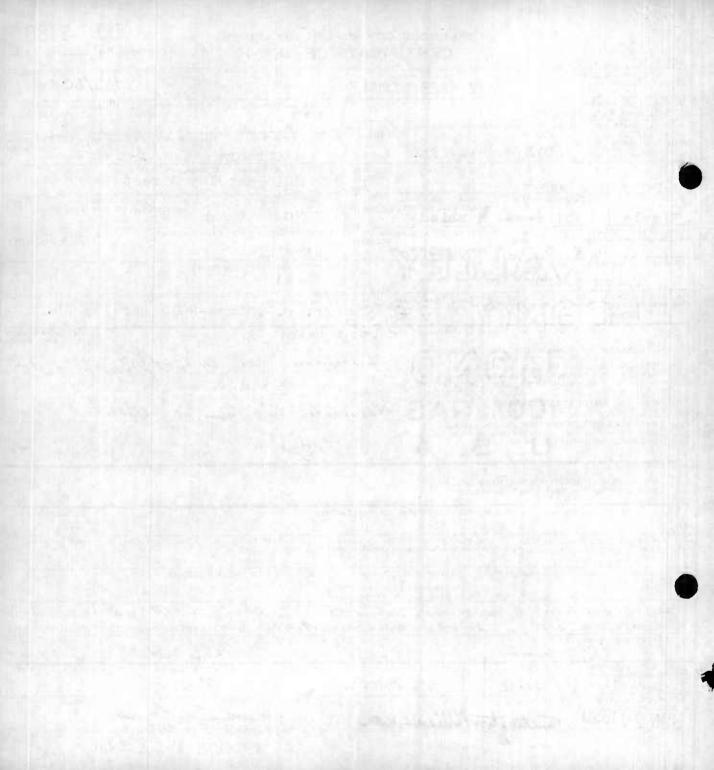
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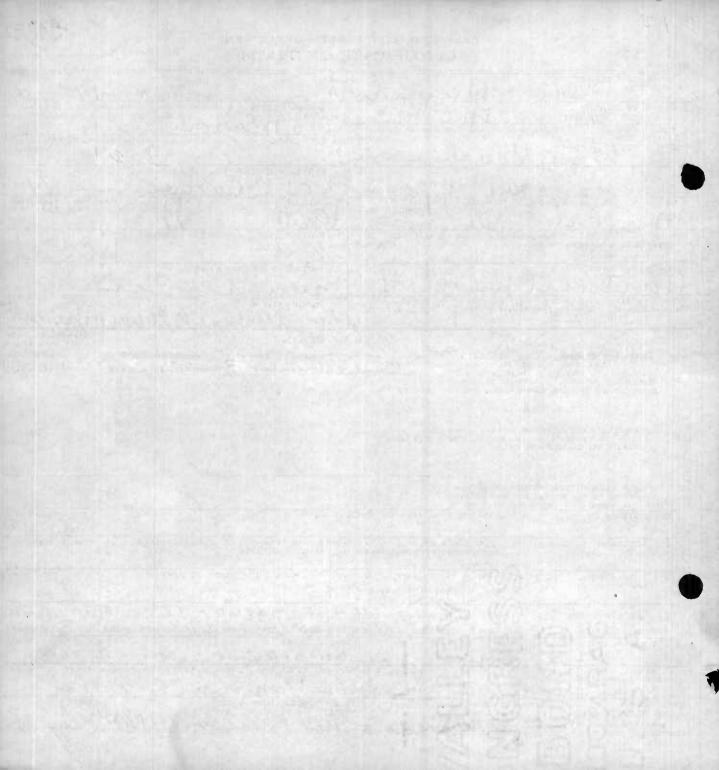
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Ar Caran 50 5482 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased ived, If institution : residence 3. PLACE OF DEATH A. Baltimore City/Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED D VORCED (Specify) 6. COLOR OR RACE AGE (In years Il Under I Year If Under 24 Hours last birthday) Months; Days Hours: Min. 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) INTERVAL BETWEEN 18. ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 11 - 28-, 1949, to 6 - 17, 1950 that I last saw the deceased alive on 6 -15 - 1950 and that death occurred at 5 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 6-20-50 611-11 Caroline St. M. O. 24C, NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-240. LOCATION (City, town, or county) TION, REMOVAL (Specify) ware ADDRESS DATE RECEIVED BY 25 FUNERAL DIRECTOR VREGISTRAR'S SIGNATURE VS 150 ent fill the transfer of



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OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY hefore admission) (If outside corporate limits, write RURAL and give 9. AGE (In years H Under 1 Year last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 21F, HOW DID INJURY OCCUR? up 18, 19 50 that I last saw the 22. I hereby certify that I attended the deceased from. o 17, 1950, and that death occurred at 10 Am., from the causes and on the date stated above. deceased alive on (h 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMAN

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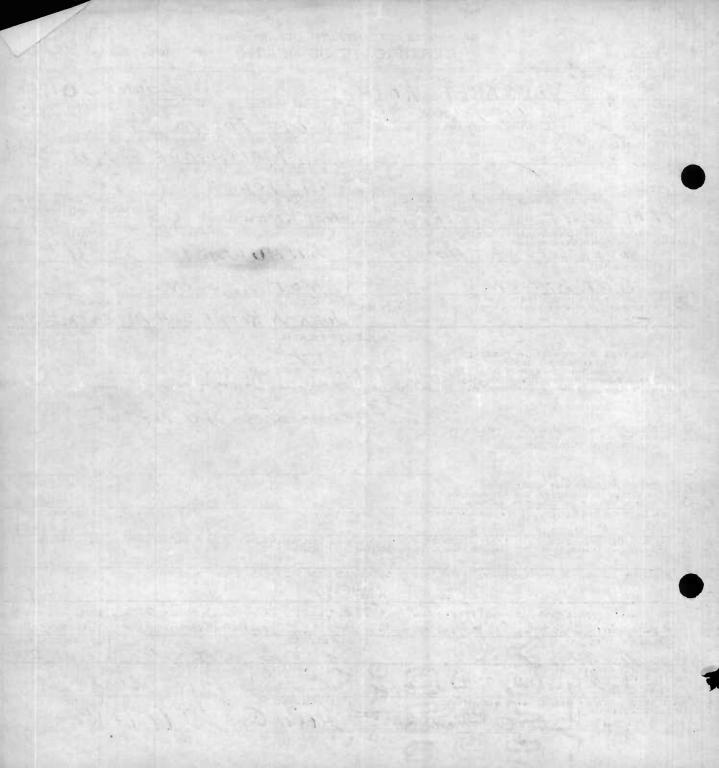
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6 M 04/45 1950 to June 19, 1950 that I last saw the deceased alive on June 19, 1950, and that death occurred at 11.550 h., from the causes and on the date stated above, 234 FIGNATURE 23c. DATE SIGNED 248 DATE TION, REMOVAL (Specify) 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR 73) 924 E. Eager

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Woodall, Mary (Mary Anna Woodall) DEATH 0-19-50 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION South Baltimore General Hospital Pikesville Yrs. D. STREET ADDRESS (If rural, give location) 728 Milford Mill Road c. Length of stay in Baltimore Davs 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH June 11, 1880 married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTR housewife S. Martinsburg, W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles McClay Troxell Anna Mary Fleming 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknnwn) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Norris Bruce Woodall-Pikesville 8, Md. (Yes, no or nnknnwn) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK 22. I hereby certify that I attended the deceased from. deceased alive on , and that death occurred at

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24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) burial

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REGISTRAR'S SIGNATURE

Baltimore, Md. 25. FUNERAL DIRECTOR

ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

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ES-138529 5490 BALTIMORE CITY HEALTH DEPARTMENT 5496 CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Anna Mae Fisher 6-19-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Hospitals Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 1705 W. Lemmon Street (23) Length of stay in Baltimore Davs 6. COLOR OF RACE and 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) White Female May 11, 1879 clearly 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work doos during most of working life, even if retired)

NOUS EW 1 6 INDUSTRY WHAT COUNTRY? West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (D) (D) Joseph Hoff Dora 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 4940 SECURITY NO. Records* Balto. City Hospitals Eastern Ave no causes no 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Pulmonary Infarct (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Thrombophlelitis of left leg DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Diabetes Mellitus TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. CA 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE WHILE AT WORK to 6-19 6-1 19 50 that I last saw the 22. I hereby certify that I attended the deceased from... and that death occurred at 3:15 h. from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 6-19-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Burial 6/21/50St. John's Cem. Ellicott City, Md. REGISTRAR'S GIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR sicknest your, Ral VS 150

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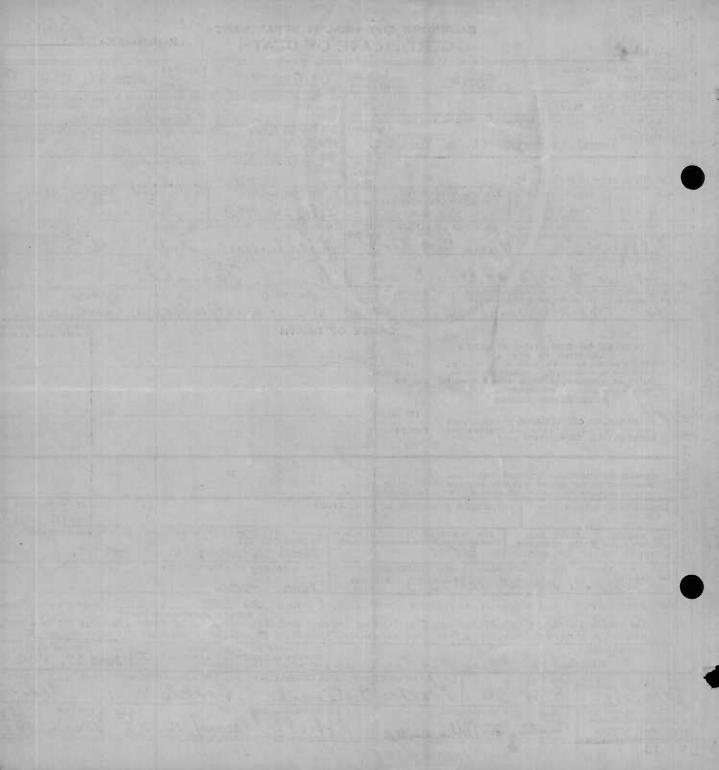
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50 - 5493BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) June 20,1950 ALICE ESTELLE FRENTZ DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give 38 N. Bernice Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 38 N. Bernice Ave. Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Feb.11.1888 Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife 13. FATHER'S NAME Baltimore, Md. 14. MOTHER'S MAIDEN NAME Jonothan Knight Alice Forester 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Wm F. Frentz, 38 N. Bernice Ave. None 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pulmmay Monfleeney Pulmmay Lebrosis Brinchicolasy LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE RTIFICATI UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK 22. I hereby certify that I attended the deceased from aug. 20, 149, to euc 20, 1950 that I last saw the deceased alive on 6-20, 1950, and that death occurred at 450 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 6-20-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Druid Ridge DATE RECEIVED BY ADDRESS VS 150

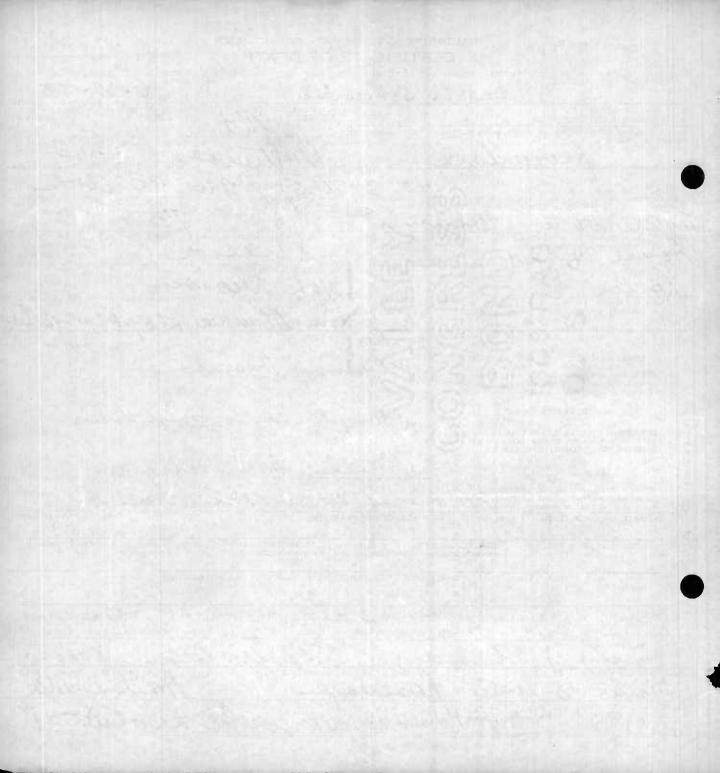
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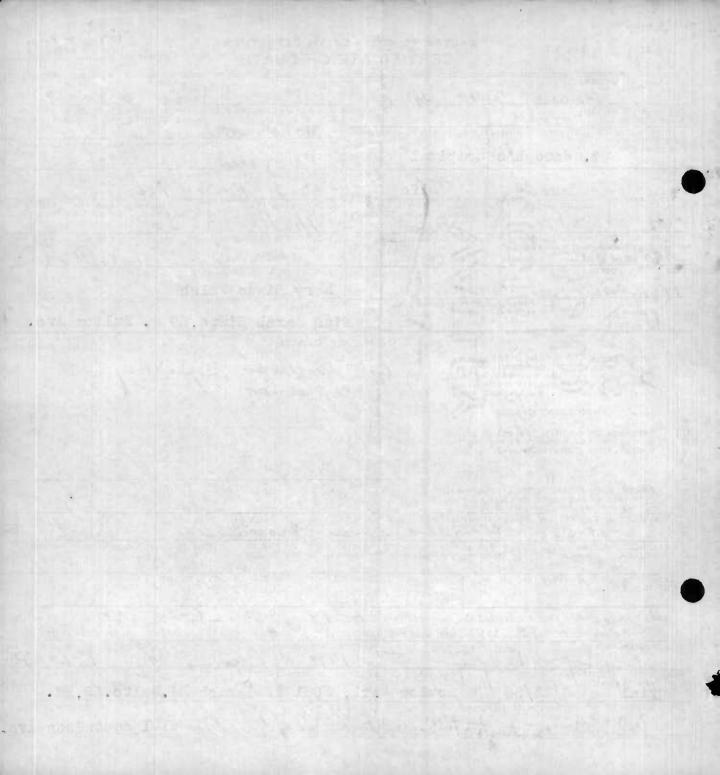
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) HENRIETTA ADGATE JUNE DUER DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give win Memorial Hospital INSTITUTION (If rural, give location) Mos. . Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE I Under 24 Hours and 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) Months Days clearly 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR HPLACE (State or foreign country) 12, CITIZEN OF work dooe during most of working life, even if retired; INDUSTRY WHAT COUNTRY NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME andrew adapte aret Marshall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. Rusto NU INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: 11 terioschotic Heart Disease OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY especially NOT WHILE we 20, 1950 that I last saw the , 19 500 22. I hereby certify that I attended the deceased from. deceased alive on June 20, 1950, and that death occurred at_ p.m., from the causes and on the date stated above. 23A, SIGNATURE 23c DATE, SIGNED 20/50 24A. BURIAL, CHEMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) RUID IDGE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE THE PROPERTY OF THE PARTY OF TH VS 150

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BALTIMORE CITY HEALTH DEPARTMENT 5498 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. . Length of stay in Baltimore Days and 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years If Under 1 Year If Under 24 Hours Min. WIDOWED, DIVORCED (Specify) clearly 10a. USUAL OCCUPATION (Give kind of work done diving most of working life, even if retired) BUSINESS OR 10B. KIND OF BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY erniner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO causes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPS 198. MAJOR FINDINGS OF OPERATION important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT 1950, that I last saw the 22. I hereby certify that I attended the deceased from Mon and that death occurred at 11. on the causes and on the date stated above. deceased alive on. 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CHEMA. TION REMOVAL (Specify DIRECTOR ADDRESS DATE RECEIVED BY 25/FUNERAL LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH EVONNE SUMMERVIlle 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) JOHNS HOPKINS HOSPITER MOMP Yrs. Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. MOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY 13. FATHER'S NAME death 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, po or unkoowo) (If yes, give war or dates of service) SECURITY NO. THITTENN SHINGOR SHID INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Henngstis Tuberculosis LEADING TO DEATH 5 WKS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK . 1950 to 6-20- , 1950, that I last saw the 22. I hereby certify, that I attended the deceased from 6-11-. 1950, and that death occurred at 5 Am., from the causes and on the date stated above. deceased alive on 6 - 20-23A. SIGNATUR 23B ADDRESS 23c. DATE SIGNED ONRS HOPKIRS HOSPITET 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIBECTOR ADDRESE VS 150

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